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ABSTRACT

This report describes the proceedings of a symposium on the Special Supplemental Food Program for Women, Infants and Children (WIC) and the Commodity Supplemental Food Program (SFP), held in January, 1977. The symposium was intended to bring together a variety of individuals concerned with providing adequate nutrition and health care to low-income mothers, pregnant women, infants and young children. The report includes the following chapters: (1) Background to the Symposium, including a brief history of WIC and SFP; (2) Excerpts from the Speeches (by congressional leaders, a pediatrician, HEW and USDA officials, and others); (3) Workshop Discussions and Recommendations, on five topics: Health and Nutritional Issues, Administrative Issues, Preserving the Supplemental Food Program, Evaluating SFP and WIC, and Sustaining and Expanding SFP and WIC; and (4) Nutrition Programs for Women and Children: A Proper Place in National Public Policy. Appendices include the symposium program; workshop leaders; symposium participants; resource room materials; symposium financial statement; members of the National Advisory Council on Maternal, Infant, and Fetal Nutrition and the Advisory Committee on Nutrition Evaluation; and the Children's Foundation WIC resources. (BD)

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Overcoming Malnutrition: Putting Federal Programs to Work



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A Report on the
First National WIC
Symposium

The Children's Foundation
Washington, DC

PS 009430



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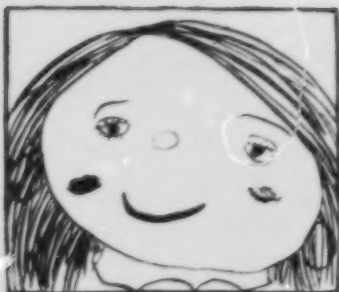
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For the past six years The Children's Foundation has operated national advocacy projects on the Supplemental Food Program and the WIC Program. We publish monthly bulletins for local sponsors and community committees and relay information to Congress and the Department of Agriculture. We keep a flow of analyses and information going out to local groups by means of fact sheets, telephone communications and technical assistance.

In 1977 we sponsored the first national symposium on supplemental nutrition programs. The following individuals and foundations made community involvement in the Symposium possible: The Josephine Goodyear Foundation, The Indianapolis Foundation, The Jewish Community Federation of Cleveland, The New Hampshire Charitable Fund, The Philadelphia Foundation, The Frederick W. Richmond Foundation, Jim O'Brien and an anonymous donor. We are grateful for their support.



Overcoming Malnutrition: Putting Federal Programs to Work

**A Report on the
First National WIC Symposium**

**By:
Virginia Fleming
Stefan Harvey
Judy Keefer**

**The Children's Foundation
Washington D C
May 1977**

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The WIC Advocacy staff owes special thanks to our colleagues at The Children's Foundation and the countless others who helped with the Symposium. We also thank Kay Hollestelle, Connie Rice and Bill Brown whose assistance with this report was invaluable.

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I. Introduction

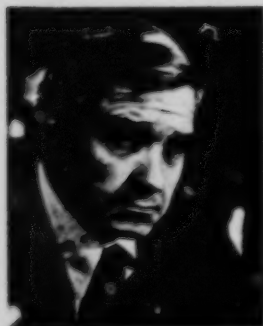


"It's hard to believe that over four years have elapsed since the legislation establishing WIC was enacted."

*Senator Hubert Humphrey
at the Symposium*

"Sometimes, I have the feeling that WIC isn't a program . . . It really is a course in survival . . . survival for those of you who have tried so hard to bring the benefits of WIC to our urban and rural poor, survival for those of us in Congress who wondered if the law would ever be fully implemented, and most importantly, survival for millions of women, infants and children that WIC really serves."

*Senator Charles Percy
at the Symposium*



I

The most important stage of human physical development is during the prenatal months, and the year or two following birth. It is then that the body's future capacity for both physical and mental growth is determined. During these prenatal and infant months, a proper supply of nutrition can make the difference between a healthy child and one whose nervous system and brain cells can never achieve their full capacity.

Yet until 1968, there was no federally supported effort to promote understanding of this basic fact of health care, or to help low-income women and children get the nutrition they particularly need at this vulnerable time. In 1968 the first step in this direction was taken when the Department of Agriculture began the Commodity Supplemental Food Program. Even then there was no specific legislation to authorize such a program until the WIC program was begun in 1972.

The Children's Foundation is a national non-profit anti-hunger organization concerned with the quality and availability of the nation's food programs for needy children and their families. Since the beginning of these two federal programs, which support supplemental nutrition for women and children, it has operated advocacy projects in their behalf.

In January, 1977, the Foundation convened in Washington, D.C. the first national meeting on the WIC and Commodity Supplemental Food Programs. The key to this Symposium was a tremendous drive on the part of many people throughout the country to seek both public and Congressional support for a program that is so far too little known and understood, although it is already immensely important to nearly one million women and children.

To many women who are pregnant or raising children—perhaps one of the thousands of teenagers who will give birth to more than one-fifth of all the new babies this year, perhaps a young mother uncertain of good health and nutrition practices, perhaps an unemployed single mother, or the mother of a family in the migrant workers stream trying to feed herself and a new baby the extra food necessary to keep them both healthy—the nutritional food package supplied by these federal programs, and the access to health care and nutrition education which come with that food, are beginning to break the cycle of poor childhood development that so often accompanies poverty.

The Children's Foundation Symposium to discuss these programs brought together over 600 people from many different locations and points of view: elected officials and their staffs, nutrition and maternal and child health experts, public interest activists, and program administrators and participants from around the country.

This publication reports on the exchange that took place among all these people who share a common interest in providing adequate nutrition and health care to low-income mothers and young children. It includes excerpts from the speeches, summaries of workshop discussions, recommendations for program improvement, and many useful appendices.

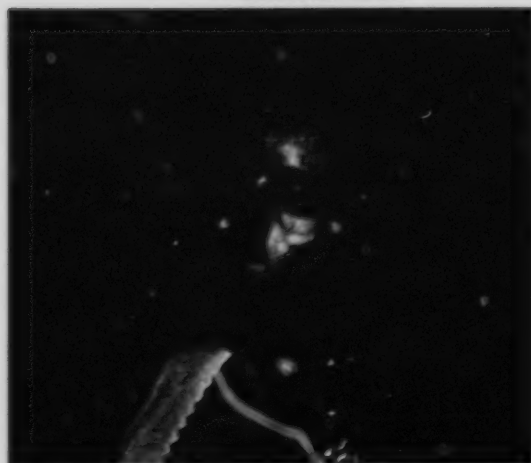
These two supplemental nutrition programs for a particularly vulnerable part of our population are of tremendous importance not only to the families which benefit from them, but to the nation as a whole. In the absence of a genuine income support policy in America which would enable all families to buy the food they need, and in the absence of a genuine national policy providing effective preventive health care to all children and families, the WIC and SFP Programs are vital supports for the future health and well-being of a large proportion of our children. Through this report, and its continuing work, The Children's Foundation hopes to increase public knowledge about the programs, and to reinforce the national will to sustain them.

II. Background to The Symposium: The Struggle for Survival of Nutrition Programs for Women and Children



Food supplementation and nutrition education for the malnourished mother can add those critical few ounces to birth weight which often spell the difference between survival and death, between vigorous development and retarded physical or mental growth.

*Rush, Higgins, Sadow and Margolis
authors of an article describing research,
Pediatric Research 10:349, 1976*



II

More than a decade ago Congress first recognized the special nutritional needs of children by passing the National School Lunch Act. A few years later, the special importance of nutritional supplements for younger children and for pregnant women and nursing mothers was reluctantly acknowledged by the U. S. Department of Agriculture (USDA) following the Poor People's Campaign. It agreed to purchase agricultural commodities and distribute them to low-income women and children at nutritional risk through local health departments and community organizations. Thus began what became known as the Commodity Supplemental Feeding Program (SFP).

But it was not until 1972 that Congress, following the leadership of Senator Hubert Humphrey, formally recognized the need for free and nourishing food to this particularly vulnerable group by passing specific legislation to establish a small additional program, the Special Supplemental Food Program for Women, Infants and Children, which became known as the WIC Program.

A Brief History of the WIC Program

The Pilot Program: 1972-1975

The Special Supplemental Food Program for Women, Infants and Children (WIC) was based on compelling evidence about the importance of adequate nutrition in pregnancy and early childhood, evidence that food distribution programs based at health clinics could make a difference to the size and health of low-income babies, thus contributing significantly to infant survival and the prevention of later health problems.¹

That evidence, together with a description of the WIC pilot program and of the troubled early years of its administration by USDA, was detailed in a report of The Children's Foundation published in April, 1975.² Congress had by then extended the original two year pilot program into a third year, because USDA had delayed and crippled the start so badly that at least a year was lost. Citizens eager to put the program to work had finally filed suit against USDA to get it moving; even so, as the end of the third year approached not all the funds were spent and confusion and controversy still surrounded the administrative regulations. The Children's Foundation 1975 report, issued two months before the authorization was due to expire, ended with the question: will the WIC program continue?

New Legislation: 1975

Congress answered Yes. Hearings on the program in June, 1974, and April, 1975, produced persuasive testimony from state and local administrators, and from nutritionists and health experts, about the need for the program and its effectiveness where it was allowed to

operate.³ So in early 1975 Senator George McGovern and Congressman Carl Perkins introduced in the Senate and in the House legislation to revise and extend the WIC program as part of the new National School Lunch and Child Nutrition Act amendments. The bills were somewhat different in respect to WIC funding, eligibility, and administrative details; debate in both Houses continued through May. At the end of that month, for fear that the program would expire before new legislation could be enacted, each House passed an extension of WIC for 90 days.

By July both the House and Senate had passed amendments to the National School Lunch Act and Child Nutrition Act which included authorization for a new and expanded WIC Program. However, controversial differences in the school lunch section prevented the Conference Committee from agreeing on a final bill for several months. In fact the bill went twice to Conference Committee before a version was reported back to both Houses on which there could be sufficient agreement. At the end of September, 1975, both Houses passed the same bill. But there was a further hurdle to cross: President Ford vetoed the bill on October 3rd. Not until October 7, 1975, did Congress override the veto so that Public Law 94-105, the National School Lunch and Child Nutrition Act Amendments of 1975, became law.

The provisions of P.L. 94-105 governing WIC turned a small experimental program into a major food/nutrition program for pregnant women, nursing mothers, and young children and provided:

- authorization for 3 years through 1978;
- \$250 million for each fiscal year; (For the first two years funds would continue to be drawn from a special customs receipt fund of USDA; in the third year funds would be regularly appropriated by Congress. Entitlement funding up to the authorized amount was mandated.)
- 20 percent for administrative costs, including clinical costs and nutrition education costs;
- eligibility expanded to non-nursing mothers for six months postpartum, nursing mothers for one year postpartum, and children through age four; also to "members of populations" as well as "residents of areas" with low income;
- flexibility in the food package;
- language which states that WIC is a preventive program;
- creation of two advisory committees: one permanent to advise Congress about the program, and one specifically to study how to evaluate the program; (See Appendices F and G)
- a mandate to give funding priority to areas of greatest need.

Administrative Impoundment and Delay: 1975-76

Just as with the WIC pilot program, however, USDA once again began to delay and resist the intent of Congress.

The first issue was that of entitlement: whether the full amount of authorized money would be spent. In spite of clear legislative history, USDA claimed that they need not allocate any unspent funds from the FY 1975 appropriation, nor the funds appropriated for the transition quarter (July through September 1976). Although there were accumulated funds available which would make a monthly rate of spending higher than the annual level of \$250 million authorized in the law, USDA refused to gear up the program to spend them ostensibly to avoid "overspending" or creating a level that could not be maintained in the future.

A second delaying tactic was the decision of USDA to define the "neediest areas", those which would receive priority funding, as those in which a Commodity Supplemental Feeding Program (SFP) already existed.⁴ USDA announced in January, 1976, that all new allocations would be suspended until April 1, 1976, in order that applications for WIC from these SFP areas (and from areas with Pilot Food Certificate programs which USDA was also phasing out) could be fully considered. Thus while many unserved areas of great need waited permission to begin programs, USDA misused the "affirmative action" requirement⁵ of the law to defy the entitlement provision of the law, in the hope of "saving" any money it could wring from terminating SFP programs.

An outraged public and Congress soon reacted to this distortion of the intent of the law. The first step was a letter from 26 Senators to USDA Secretary Earl Butz, stating that "we believe that many of the actions taken are in direct violation of the purpose of this Act, which has been overwhelmingly embraced by a bipartisan majority of Congress." The letter referred to the impoundment of funds and the definition of SFP areas as priority need areas, objecting to both in strong language. A similar letter was sent by 40 members of the House to Secretary Butz.

The next Congressional step was to convene oversight hearings of the Senate Nutrition Committee on March 30, 1976. Senator McGovern opened with these words:

"I wish it wasn't necessary for the Nutrition Committee to keep looking over USDA's shoulder to discover what new and recycled ways they're using this time to undermine nutrition programs... The problems that bring us here today have a familiar cast to them. Once again, the Department of Agriculture is refusing simply to obey the law; refusing to spend all the funds that are supposed to be used for the WIC program; and concocting regulations which in some instances are blatant assaults on poor people for reasons of questionable administrative efficiency."

During the hearings Assistant Secretary Richard Feltner was challenged and criticized by the Committee Chairman for misinterpretation of Congressional intent. Testimony was also taken from several states about the great need for both SFP and WIC programs and their inability to get funds from USDA.

In the meantime legal action against USDA's impoundment policy was begun, reinforcing the strong Congressional criticism. Nevertheless, USDA maintained its position and in April, six months after the passage of the law, announced new caseloads based on its restrictive policies.

USDA gave first (and unjustifiable) priority to transferring SFP programs, second to all Indian tribe applicants, and then to states according to a need calculation based on the formula for Title V of the HEW Maternal and Child Health program, which considers live births, low-income population, and urban and rural differentials. Two-thirds of the states received increases in caseloads, most of them quite minimal. Within the state, new caseloads were required to be distributed according to the state's affirmative action plan: a ranking of the unserved areas in the state.

The 1976 Court Case

Once again a lawsuit was required to make USDA obey the law.⁶ In early March a class action suit was filed on behalf of participants and clinics in ten states. The suit, *Durham v. Butz*, charged USDA with impounding funds and failing to take affirmative action to bring WIC in the neediest areas.

In June, the U.S. District Court for the District of Columbia issued an order requiring USDA to spend the entire amount of unsent funds from FY 1975 and FY 1976 and the entire amount appropriated for the transition quarter, all to be added to the full funding for FY 1977 and FY 1978, making a total of \$680 million to be spent in the 27 month period from July 1, 1976 through September 30, 1978. As a result, an extra 185,000 mothers and children could participate in WIC.

Additionally, the court ordered USDA to carry out the affirmative action plan mandated in the legislation by funding the neediest areas first. The court ruled that any SFP areas that had just converted to WIC under the illegal USDA affirmative action procedure carried out in April would have to be switched back to the SFP program if there were unserved areas in the state that were needier. The court order stipulated that SFP areas should not be given special priority, but ranked according to the same criteria as unserved areas. However, no SFP programs had to reconvert because the states in which they were located⁷ were able to fund new programs in all the needier areas down to the rank of the converted programs.

In July, USDA announced its intention to comply with the court order, and in August the impounded money was released. Thirty-six states received badly needed increases.

Current Issues

Nearly a year after the passage of the bill, the funding obligation had finally been accepted by USDA under Congressional and judicial pressure. Yet many issues remained to be sorted out in the administration of the program. One important funding and participation question had to be settled: how would the funds unspent by states be treated in order to comply with the court mandate to spend all the funds? Other issues covered by the regulations remained controversial: definitions of eligibility, flexibility in food packages and delivery systems, the health and nutrition education components, state and local administrative rules, and program evaluation. By January, 1977, 16 months after the passage of legislation, there were still no final regulations.

In spite of administrative chaos, the program was growing vigorously. In April, 1975, at the time of the previous Children's Foundation report⁸ there were about 370 local programs, and 439,000 participants. By the end of FY 1976, (June of 1976) participation had climbed to 589,000. Today, reflecting the break in the log jam following the court order, there are over 600 local programs and approximately 720,000 participants.

Yet the program still struggles with problems of administration at the national and regional level, start-up difficulties in the states, and a large national unmet need.

A Brief History of the Commodity Supplemental Food Program

"What I see happening is, I think, rather clear to all of us—that the intention of the Department of Agriculture is to use WIC to undo the Supplemental. Having undone the Supplemental, they will then undo WIC."

Father William Cunningham

Focus: HOPE

Detroit, Michigan

Senate Select Committee on Nutrition and
Human Needs Hearing, March 30, 1976

Four years before the enactment of WIC legislation, the Poor Peoples' Campaign of 1968 brought advocates to Washington who understood the needs of families living in poverty in America, and who lobbied for immediate remedies to some of the worst problems. In the same year the Board of Inquiry into hunger and malnutrition stressed the need to supplement diets of pregnant women and infants. One result of these two efforts was that USDA was forced to establish the Commodity Supplemental Food Program (SFP) in 1968.

There is still no legislation authorizing SFP directly. USDA spends Departmental funds to purchase items in a food package, using its access to surplus commodities and its skilled purchasing agents. All administrative costs must be assumed by sponsoring agencies. Free foods are provided to low-income, nutritionally at risk pregnant women, new mothers and children under six.

Local programs are sponsored by a variety of organizations: community based civil rights groups, Community Action Agencies, county health departments, even a hospital in conjunction with a community organization.

The food is distributed at warehouses, neighborhood sites, or special grocery stores. Some communities use a central distribution point; some, like San Francisco, use a number of places throughout the city. Because the sponsoring agency must supply the administrative costs, various arrangements are worked out for funding. Some communities use Community Service Administration monies, some use county health funds. Some, like New Orleans, get administrative funds from the state legislature.

But the Department of Agriculture has never been committed to this program; it has for eight years taken every possible action to limit it. Early estimates of need in 1969 were later turned into ceilings for caseloads, whether valid or not. 1970 guidelines excluded children ages one to five, and limited new applications to areas which already had other commodity programs. In 1971, Supplemental Food Programs were closed in counties which switched from family commodity programs to food stamps. Since 1970, no new applications have been accepted. An attempt to close down the program altogether in 1974 was staved off by public outcry and Congressional action.

Unfortunately USDA has also pursued a policy designed to pit the WIC program against SFP, using them to limit each other in spite of the intent of Congress that they should operate side by side in communities that wanted them both. Before 1974 WIC applications were not accepted from communities which already had SFP, even where there were great numbers of unserved women and children. When that policy changed, USDA tried to close down SFPs in areas which had new WIC programs. Most recently, USDA tried unsuccessfully to misuse the new affirmative action requirement of the WIC program to force incorporation of SFP programs into WIC, without of course adding the SFP funds to the WIC program funds.⁹ Some programs did switch over in 1976, but many refused.

The Supplemental Food Program has never had the protection of legislation, nor the possibility of lawsuits to force USDA to promote the program. Nor has it had the advantage of 100 percent federal funding. And yet, it has the single biggest feeding program for mothers and children in the country, Project Focus: HOPE in Detroit, which has a caseload of 35,000 people. SFP served many

areas which have since lost out altogether: at one time 52 counties in Virginia participated, including 3300 participants, but all projects were closed in that state in 1972 and now only one WIC program is operating, which reaches 750 women and children in Alexandria. SFP is the only feeding program for women and children in seven major cities: the District of Columbia, Denver, Little Rock, Nashville, Memphis, Omaha, and New Orleans.

At the peak of its operation in 1971 over 200,000 poor women and children at nutritional risk were eating the free foods of SFP: fruit juices, meat and poultry, evaporated or instant milk, egg mix, canned vegetables, grains and peanut butter. As of December, 1976, following years of USDA attempts to kill the program, there remained 44 programs in 14 states, serving about 101,000 participants.

In order for SFP to function properly, legislation was introduced in early 1976 by Senators Hart and McGovern in the Senate, and by Congressmen Ford and O'Hara in the House, which would stabilize the Supplemental Food Program, authorize an appropriation for administrative costs up to 20 percent, add encouragement to provide nutrition education, and guarantee that the Department provide a full range of nutritional foods.

The bill was not voted on by Congress last year, and plans are under way to bring it up for consideration again this year.

Need for a National Meeting

There are now in America over 3 million women, infants and young children who are potentially eligible for participation in supplemental nutrition programs.¹⁰

The Supplemental Food Program now serves about 101,000. The WIC program at maximum during the next year or two could only reach about 1 million. There is an obvious need for both programs to expand and continue. Problems continue in the administration of both programs, even assuming a more responsive new Administration. And the programs are too little known and understood nationally.

Responding to the need for a national discussion of these issues among many people now well informed and deeply concerned about the critical importance of adequate nutrition in pregnancy and early childhood, The Children's Foundation convened a Symposium in Washington in January, 1977.

The response was overwhelming. More than 600 participants assembled, representing program officials, participants, health professionals, and advocates from nearly every state in the union. USDA officials spoke at the meeting, and participated extensively in workshop discussions. Members of Congress and their staffs also addressed and met with the group, and helped to organize a pre-Sym-

posium breakfast on Capitol Hill to discuss the legislative future of the program.

The consensus of the Symposium was clear and urgent: the WIC and SFP programs are meeting a critical need. They are cost-effective, for they prevent many health problems which are far more costly later in both dollars and human tragedy. The need of pregnant women, new mothers, and young children for nutritional supplements is now clearly established. The responsibility of government to provide such supplements to families which cannot otherwise afford them is equally clear.

In the chapters which follow, the major addresses to the Symposium and the discussions and recommendations which resulted from the workshops are summarized.

III. Excerpts from the Speeches

The child whose brain is damaged or whose growth is stunted because of a poor diet faces a life of dependency and poverty. If the moral considerations of taking every possible step to prevent such damage are not compelling enough, then cost-cutters should at least consider the cost to future generations in terms of lost earning capacities and, perhaps, public assistance.

*Senator Philip A. Hart
Congressional Record
January 30, 1976*



III

JANUARY 24, 1977

Honorable Hubert Humphrey, Senator from Minnesota

It's hard to believe that over four years have elapsed since the legislation establishing WIC was enacted. The case for the program was so compelling and Congress felt so strongly about it, that my floor amendment to the Child Nutrition Act, creating WIC, passed with little difficulty. Members of Congress from both houses and both parties believed then as now, that the future of this nation depends on the development of its young and still unborn. It is their health which, in fact, will determine the nation's physical, mental, and even economic well-being. We were advised by the country's leading medical authorities that improving the nutrition of pregnant women and children is the surest, most direct way to protect the future of these individuals as well as that of the nation.

Back in 1972 I saw the WIC Program as the means of achieving this end, and today I am even more convinced that we are pursuing the right course. The actual results of the WIC Program prove conclusively that its concept was right, and that it has been an excellent approach to solving a critical and widespread health problem.

Dr. Joseph Edozien concluded in his medical evaluation of the program that WIC was associated with increases in height, weight, and head circumference, and decreases in the prevalence of anemia for the infants enrolled in the program.

Similarly, pregnant women enrolled in the WIC Program gained more weight than those not enrolled, gave birth to larger babies and showed a reduction in the rate of anemia.

These results were achieved in spite of USDA's efforts to emasculate the program whenever possible. There's little need to review WIC's precarious beginnings. Most of you have suffered through the frustrations and court battles involved in pushing the previous Administration to allow this vital program to be born and then to survive.

But now you can all rejoice that those days of fighting are over. We have a new President and a new Secretary of Agriculture who will listen to you and will share your concern and commitment. And just to make sure they do, I'll be standing close by. Bob Bergland, my close personal friend and an undaunting ally of the nutrition community, offers as Secretary of Agriculture more hope for the future of the program than most of us ever dared to imagine. He will bring a new spirit of cooperation to the Department and will provide the food and nutrition programs with the positive consideration and constructive regulations necessary to insure their effectiveness.

Looking at the WIC Program today, I feel a deep sense of pride in our accomplishment. As of October, 1976, approximately 680,000 individuals were participating in the program through 457 agencies, in 49 states, Puerto Rico and the Virgin Islands. Because these people are routinely visiting health clinics, they not only are gaining in weight and height, but enrollees are more likely to receive their immunization shots and to be treated for ailments which otherwise would go untreated. Not only do the recipients benefit, but there is a spillover to other family members who now have more access to health clinics than in the past.

We cannot and should not ignore the program's shortcomings because of USDA's past resistance. Now, however, we will have more access to the USDA, and we must be prepared to recognize and deal with these inadequacies.

One of the most controversial difficulties encountered by the WIC Program is determining eligibility for participation. WIC, of course, was intended as a preventive program for pregnant women, infants, and children who are determined to be at nutritional risk. This immediately raises several problems. Is low-income sufficient to qualify an individual for the program? If the person must first exhibit certain nutritional deficiencies, is it no longer a preventive but rather a treatment program? This leads to still other philosophical and programmatic questions. Should an individual be dropped from the program if he or she no longer exhibits deficiencies, and on what basis should a client be re-certified? Moreover, is a low-income individual ever really out of nutritional risk? Dropping low-income individuals from the program will likely insure their return to the program once they again have demonstrated an obvious deficiency.

The estimates which I have received indicate that there are approximately 3.1 million potential WIC participants in the United States. Thus, fewer than one in four potential participants presently is enrolled in a WIC clinic. I believe that the other potentially eligible individuals also have the right to receive WIC benefits. I do not believe that the enrollment of one individual should preclude the enrollment of another because of so-called "full caseloads." I firmly believe that in order for WIC to succeed as a preventive program, we must move toward including all low-income pregnant women, infants and children.

Another serious and related problem is in reaching those most in need—particularly in areas which do not have health clinics. Although in such cases it is lawful to operate the program out of nonprofit organizations, this procedure has been slow to catch on. We have an obligation to attempt to reach all potentially eligible individuals, but without doubt we must make every effort to enroll those most in need. Thus, we must develop definitions of relative need and approaches for meeting this responsibility.

We also will need to give some attention to the role of the Supplemental Food Program which provides commodities to over 100,

000 individuals—mainly in the large cities. We often tend to direct our efforts to the WIC Program without due consideration to the goals, effectiveness and future of the Supplemental Program. This conference provides an excellent opportunity for us to consider these issues and to develop a strategy for relating the two programs.

There presently are sufficient funds to increase program enrollment by 150,000 to a level of 830,000 participants. We cannot be satisfied with reaching less than present funding allows. The program must expand as rapidly as we can physically and administratively handle the workload. I would have a difficult time asking my colleagues to increase the funding for a program which has not yet reached its presently appropriated capacity. Thus, mechanisms must be developed for effectively reaching potential clients. If this requires changes in the regulations or the administrative procedures, these must be accomplished in an expeditious manner.

While the maximum nationwide enrollment capacity has not been attained—in 54 percent of the WIC clinics studied by the Urban Institute, waiting lists were maintained. Ironically, in other areas, funds remain unspent. This presents a perplexing problem which we cannot ignore. We must develop an approach to deal with unused funds and reduce waiting lists.

Groups such as The Children's Foundation need to come forward with their ideas for improving the program. You are in daily contact with sponsors, and your organization can be helpful in transmitting this experience and reacting to regulations.

In a recent workshop on WIC Alternatives conducted by the Office of Technology Assessment, it was apparent that WIC is viewed as a health and nutrition program not merely as an income maintenance program. Nutrition education thus becomes a key to the continued success of the program. It is important to provide participants with nutritional supplements, but unless they can feed themselves and their families wisely after leaving the program, we have not achieved our goals. Women are eligible for WIC for at most one year postpartum. If the program is truly effective, the feeding patterns will continue after this point. Nutrition education is a very important component of WIC, and I am pleased to note that it is being carried out in most clinics as provided in the Child Nutrition Act. I believe we should take seriously the disturbing results of the Urban Institute study of April, 1976, which indicated that 88 percent of their respondents felt they did not learn much from the nutrition education they received from their WIC clinics.

Nutrition research, education and feeding programs in this country are conducted in a fragmented and uncoordinated manner. Despite the fact that two-thirds of the USDA budget is devoted to feeding programs, there is no Assistant Secretary to oversee or coordinate them. I have previously recommended establishing such a position, and I will do so again this year.

It is time the nation turned its attention to the health needs of our people. We know that poor health has a direct connection to a child's poor performance in school and is a major cost to our economy in work days lost to sickness. Nutrition education and health maintenance programs should be made a top priority for people of all income levels.

But it is only with the assistance of people like ourselves that this can be accomplished. We must look forward and plan for the future. This conference provides the framework for those with expertise and experience to look beyond making improvements in the WIC Program.

We must undertake a realistic assessment of our capabilities and our long range goals.

Looking back on all of my years in government service, I am as proud of this program as any with which I have been involved. It represents what is best in America—a dedication to our children and our future and an attempt to nip the poverty cycle in the bud.

We still have a big job ahead of us, but we also have made a good start.

I urge you to make the best of this opportunity. Working together, we have crossed new thresholds and have begun to conquer seemingly insurmountable challenges. Together, we can do even more in the future. Let us work to achieve these goals which we all share.

Gene Dickey, Director, Special Supplemental Food Division, USDA

As some of you know, I'm rather new as the Director of the Special Supplemental Food Program. I've had some wide experiences with the Department, almost 10 years, mostly in the Child Nutrition Programs that deal with school breakfast, summer feeding and child care programs. When I was offered this new job it was with a great deal of enthusiasm that I accepted and I look forward to the challenges.

I welcome the opportunity of being with you here today for two reasons. One is a little selfish because I view this as a personal opportunity to meet many of you who are actually involved in day-to-day administration of the Program. Someone told me the other day that three things have kept the WIC Program going: hope, commitment, and persistence. I've met some of you, and I've been very enthusiastic about the level of dedication and the threshold of sensitivity that you folks have for the WIC Program. I'm gratified to be associated with a program that has that sort of professionalism at the state and the local level and from all different avenues of society dealing with the WIC Program.

The next reason is that we are still learning about the WIC Program. You know, in this city these days there are a lot of new begin-

nings, and a lot of creative commitments coming forth. It's all too easy when I'm confronted with a regulation decision or a funding decision to forget the main purpose of the Program. I think this is the kind of forum that's going to help me. I'm going to gain a great deal from this kind of effort to identify problems, to refine the issues, and to develop alternatives. This kind of symposium represents that sort of new beginning and creative commitment to develop the road map so we can move forward with the WIC Program. That is the spirit that's captured in this kind of meeting. I feel very gratified that The Children's Foundation has deemed it appropriate to establish this kind of forum, to take this leadership to bring to the surface those issues, so that we may better establish a road map for the future of the WIC Program.

I told Stefan Harvey a few days ago that I was not going to appear here if I hadn't accomplished one or two things as far as this meeting is concerned. I'll have to eat my words. I haven't fully accomplished those things, but I want to bring you up to date as to where I stand on two very important things that you're interested in. Those two efforts are, of course, the funding or reallocation principles, and the regulations.

Since I came on board about three and a half months ago, we've been busily involved in staffing those regs, meeting with the various interest groups, and we are very near releasing the regulations. That doesn't help you much, except that we have cleared a lot of the principles. We are in the final stages with our General Counsel and from there the regs will go to the Secretary's office. The USDA staff will be involved in some of the work groups here. I've instructed them to deal openly in the work groups with a number of issues in the regs; what we want here is to expose various principles that are in the regs, to have full dialogue. I look forward to that sort of interplay because I can use that. And hopefully as a result of that, the audience will be in a better position to comment.

You recall that the legislation talks about members of populations in terms of eligibility for the WIC Program. This does not, of course, dilute the basic thrust of the Program which deals with a particular service area, but it does allow us to meet the needs of certain groups of populations that require special kinds of attention, health or otherwise, and bring them under the umbrella of eligibility for WIC.

There are also some changes as far as the food package is concerned, particularly the formula as it relates to special dietary needs of certain infants. This particular issue will be discussed in some of the workshops at more length.

We have established certain priorities regarding health service facilities available as far as the sponsorship of the WIC Program is concerned. We have allowed for WIC operations to be performed in consort with private physicians in certain situations.

I'm not sure how concerned we ought to be about establishing upper levels of income eligibility. Indications from some studies are that some of the resources are going to recipients above 200 percent of the national poverty index. It is with some concern that I have dealt with this problem in the regulations because, while I feel that the legislative intent is clearly to target the resources to the major low-income groups of the populations, at the same time I'm fully aware that the WIC Program is only one dimension of health service. There are a lot of other standards that are used, and I don't want to create a massive paper jungle requiring massive recertification on top of certification. I want you to help us with that. Also I'm fully aware that some states have the philosophy that health care is available to anyone regardless of income, and this, of course, cuts across that philosophical basis. We need to look at that. There are several ways of approaching that problem. We've approached it one way. I have intentionally written in the preamble of the regulations that the Department is open for other suggestions to deal with this problem.

We've also made some changes in basic program administration, to outline more effectively the various responsibilities at the different levels of administration. We've dealt with some aspects of fiscal management and accountability, particularly in terms of the control procedures, issuance and redemption.

As a result of these regulations, I'm hoping to move away from the "application procedure" that we've had in the past. I see us moving more into a comprehensive state plan concept, which then would constitute the federal-state agreement. This plan would constitute an application for federal funds and provide an insight into what the needs were in your state. Also it would give us at the federal level an outline as to how a state perceives its management, supervision, accountability, audit and civil rights responsibilities. We hope to get guidance out on this State Plan of Operation in the next month and a half. I envision utilizing some three or four state representatives, along with some regional people, in structuring that guidance.

I see also that FNS has a role that we have not been fulfilling in terms of direction, assistance, and management evaluations. Now, I would not want that to be translated into the context of an audit or anything of this nature. I mean that our regional offices should work with the state agencies to evaluate the effectiveness of the Program against the State Plan of Operation. Many of our regions have already been doing this. I think that the Washington staff has to move more rapidly to develop guidance based on these regulations. I hope to have that done within the next three or four months, by the time we finalize the regulations.

So, I see this forum as being an appropriate body to discuss and provide ideas on regulations, even though I can't give you a copy of the regulations today. There is a possibility that the Assistant Secre-

tary or the Secretary may not clear one or more of the issues that we give to the work groups today, but I want the work groups to have this kind of information, so that we can improve our communications, and also can improve the ultimate structuring of the regulations.

Funds. Second crucial issue. We have a very serious problem in this reallocation situation. Essentially here's where I am. We have a figure of \$680 million that has been distributed to the state agencies. This can be translated into a monthly maximum obligation level for a 27 month period. That 27 months covers the Transition Quarter and fiscal years '77 and '78. \$680 million represents the cumulative funds that have not been spent for the WIC Program since its inception and the anticipated budgets for the duration of the WIC Program.

The court order stipulates that these monies have to be redistributed at appropriate intervals to maximize the ultimate obligations and expenditure of those funds. I would propose that we recapture on a quarterly basis funds that have not been obligated from all states. To give an example, let's speak of the TQ, the period July through September, as being, let's say, the first quarter we recapture those funds, and reallocate them for the remaining life of the Program. That would raise the monthly maximum allocation levels of certain states agencies that have demonstrated through performance levels that they are among the top third of states in terms of expanding their program. We propose to do this on a quarterly basis for the duration of the Program.

That gets into some problems. One is performance. I feel, of course, that performance is demonstrated by what states actually have done for the period of time in question. But that is a point that the reallocation sessions must deal with.

Second, how do you determine those states that should participate in the reallocation process. I feel that we should attempt to target those resources into those states that have demonstrated that they're moving the Program. I have suggested the top one-third of those states. If a state is not moving the Program at a very high level, it makes little sense to keep reallocating money into that particular state.

Another questionable point is, once you determine which states ought to participate in the reallocation, what formula should you use? Title V has been bounced around. It was, in fact, the formula used for the initial allocation. We are now weighing three or four formulas. One is a formula that would consider the number of children below age five from poverty populations, also the number of live births and the mortality rates. Another one considers total births and the number of children under five from the poverty population. Since you're not talking about the total \$680 million but rather the amount of money you've recaptured, those formulas don't impact

very greatly on some states, but we're dealing with a principle. I think the work sessions can toss some things out to you, and you, I'm sure, have ideas.

I suspect also that once we establish the rules of the game, they will not be nice and neat for everybody. But I'm committed to make the best effort possible. Whatever principles we establish will be debated, discussed, and may have impact next year when Congress is debating the future of the Program.

The August 4 allocation memo established monthly maximum allocation levels but did not give 10 states adequate funds to finance for 27 months the May 20th caseload. A lot of reasons for that. It goes all the way from bad data to poor projections. But the Department has a commitment to those 10 states, and I've got to deal with them at the same time I deal with an allocation principle. That's only justice and equity.

In the future, I hope to reallocate on a quarterly basis within the first two weeks of the month following the close of the quarter. I ask your help in this, on what is equity as far as the Program is concerned, and where do we go from here. I need that sort of communication to identify the problems of the past, and to see how we can achieve equity in the future.

The third thing I want to bring you up to date on has to do with the National Advisory Council and the Nutrition Evaluation Committee. Both of these are mandated by law. The Evaluation Committee is charged with the responsibility of assessing what has been done vis-a-vis evaluations, and recommending to the Secretary and to the Congress future evaluations of the Program. I believe you'll be getting an update on that later on in the symposium.

The National Advisory Council is a permanent body, for the duration of the legislation through '78. It's made up of state directors, fiscal directors, state health officers—I'll miss some here but no offense—rural directors, urban directors, parent recipients, three HEW officials, two or three USDA officials, a total of 15 people. These officials are charged with the responsibility of reporting to the Secretary and the Congress annually. Dr. Nathan Smith is involved in that Council, as well as the Evaluation Committee, and serves to bridge the gap between those two groups. He will be here later to discuss the status of these two efforts.

Those are the three things that are in the forefront of my mind. I want to pledge to you my commitment to make this WIC Program one of the finest programs that is administered through federal, state, and local cooperation, and I look forward to dealing with these particular issues with you. Thank you.

Question: You were talking about ways of dealing with what you saw as a problem of higher level income participants in the program. Does that mean that you're suggesting an income guideline?

Mr. Dickey: That's right. An upper limit. The information I have indicates that approximately 8-10 percent of the WIC population comes from families that earn above 200 percent of poverty standards. What I am suggesting in the regulations is that there be an upper family size gross income level established. Any standard that is already in existence to determine eligibility for the WIC Program that is below that, I'm suggesting that they need not change. I am opposed to forcing another standard on an already existing standard or group of standards that you're using at the local level, as long as such a standard does not exceed this national level.

Also I'm not dealing with a certification process. I'm dealing with an affidavit statement for clients. And I am talking here in terms of targeting resources to this group. One thing that has been suggested is to establish an upper limit as being Title XX. Another approach has been 195 percent as used in school lunch; we have in the regulations right now, if I'm not turned around, the upper limit at 195 percent.

Question: I'd like to know what kind of factors you're going to use when reallocating funds. Speaking as a representative of a state with a small population, my concern would be that our needs are still high but our population is so low that reallocation may be damaging to our statewide program. How are you going to deal with that?

Mr. Dickey: I don't see that the basic intent of the WIC Program necessarily deals with the state population. One of the formulas that we are staffing has to do with the number of births. There is some correlations between the number of births and the population. That input into one of the formulas along with the number of children under five from the poverty population should be in the formula.

I suspect, however, that neither the Title V formula nor the formula of the live births times the infant mortality times the children under five from the poverty population, gets at the total population relationship of a very small state to a very large state, particularly if the small state has expanded the Program rapidly but the larger state has not. I suspect that almost any kind of formula that you come up with is not going to deal very effectively with the uneven expansion among states.

Question: What about nutrition education?

Mr. Dickey: The Department recently issued guidelines concerning nutrition education, and your question was essentially will the proposed regulations give more emphasis than in the past to the need for nutrition education, and will the Department give more guidance and leadership in that particular arena.

The proposed regulations make the nutrition education component a part of the total State Plan of Operation. We do feel that it should have a higher visibility. I know that our FNS staff has been moving toward a more responsible role in terms of guidance mate-

rial to assist states in developing their particular package; also I see nutrition education being strengthened through the management evaluation process with state agencies. We have taken a position in the past three or four months that we will not approve applications that did not have a nutrition education component. How to perform nutrition education, how to measure it, how to evaluate it is very controversial. I hope to get a more creative approach in terms of nutrition education in state plan guidance, and tie it into the management evaluation process.

Question: What method is going to be used for reallocating funds for Indian tribes who have applied as separate state agencies? Will it be the same as what's used for other state agencies?

Mr. Dickey: I don't think so. While I'm not opposed to doing that, my problem is getting the comparable data for Indian tribes. That universe of special tribes that we deal with as state agencies is so small that I hope to be able to deal with their needs on an individual pull-out basis, and allocate funds to them. Until I get into a funding crunch I can do that.

Question: I'm working with a group of nutritionists who are particularly concerned about the food package, and especially the cereal part of it. We think that it's the least utilized part of the food package, partly because it has the least choice. And we've worked up a proposal which suggests some changes in the regulations: no more than 15 percent sugar, and lowering the requirements for iron fortification including whole grain cereals. I wondered what your comments were on that. And also, what are the possibilities of changing the regulations in the next 45 days after they're out.

Mr. Dickey: I can't respond professionally to what my position would be on the pros and cons of the new cereal package. I'd like to ask you, if you would, to present that to the food package section. Dr. Shank will be there. As far as regulations, change can be made during the comment period. That's why we comment regulations. And I think we're in the appropriate environment to allow that to happen.

Question: How do you plan to deal with the need for the time for caseload build-up, recruiting staff and so forth? I think quite a few of the states received an increase in funds in late August, early September. Many of us have experienced great weather difficulties in the last two to three weeks. I'm just questioning whether we can really evaluate on an October, November, December quarterly basis to say what's going to happen next summer or next spring.

Mr. Dickey: You can't very well. I believe we have two options on this reallocation situation. I do not believe that one of those options is to sit back and not reallocate. I do not believe that is in the spirit of the Court order.

Now, your point is that the program hasn't developed equally across the nation. Some states have developed faster than others for

a multitude of reasons. They're plagued now by weather. There's crankup time. And as someone told me today on the Hill, when you start a bad program you live with a bad program.

So, we're all faced, I think, with two options. One is to rely totally on your state plans. In other words, we're going to do so and so. We're going to plan to spend X million dollars and leave that money there and don't reallocate. The other one is reallocate based on those plans.

If I look at all those plans collectively, there's not enough money because everyone has ambitious goals. Everyone that has \$10 million feels that they can handle \$20 million. So, that's a problem of planning. My proposal to you is that we base the reallocation process on withdrawal and recovery of money, on simple, hard principles. And that is the relationship of how much money has been obligated in a specific period of time versus how much was available. When I say obligation I mean hard obligation after the redemption level has been adjusted. Unless we do that, we're never going to move any money forward to those states that are demonstrating performance.

There are some problems of grant management. You know, it sounds simple in Washington, but you lay \$20 million out there, and then a state takes it, then they lay it out to 50 programs, and then those programs are starting to plan. You would tell me, you never can recapture any money. And then the fiscal year has closed, and we wind up with \$150 million in the federal coffers. The Senator just said, "Don't come to me with that," plus the court order envisions something totally different.

I really believe we have to capture money that has not been obligated, after time has passed and we have to move it forward and reallocate it to states that are demonstrating that they are above average in terms of Program expansion. We've got \$25 million to spend a month, and I was able to capture \$9 million a month during the TQ. You see, that won't sell, anywhere. You got to get it in somebody's hands that can use it.

Question: You mentioned earlier that the regulations in some manner will incorporate the use of private physicians. I'd like to know if this means there will be a broader interpretation placed on the ongoing health services that are to be provided, and will this mean that rural areas not having established formal health care services might now be able to receive WIC?

Mr. Dickey: That is essentially the philosophy behind these changes. Where there are no health care facilities to allow for the possibility of a contractual agreement with one or more private physicians individuals that are patients of private physicians can be certified for WIC based on the medical information obtained by the physician. Now, I want to emphasize that the regulation precludes the payment of private physicians with WIC funds for that service.

Question: Will the new regulations encourage and/or require the clinics implementing the WIC Program to take a look at the health data they're collecting, to see whether or not the prevalence of the problems that the WIC program should reduce are in fact being reduced among the population being served? And second, when will the Department be ready to assist states in developing more efficient and effective delivery systems?

Mr. Dickey: To answer your first question, I believe you pull me into the basic standards of evaluation. And I don't believe the regulations are any stronger on that they were before.

Number two, in terms of delivery systems, I believe that we're very close. The regulations emphasize uniform delivery systems, with some exceptions under certain situations that would be approved through the State Plan of Operation. I think we're ready to give some assistance in that arena.

John Kramer, Special Counsel, House Committee on Agriculture

Some of us in the anti-hunger movement have been at it for the past nine or ten years now. We're getting longer in the tooth and grayer in the hair, and like any other lobby, mainly fighting over who is feeding more than who, who is holier than thou, competing with one another for credit. But we still have been, and you are now part of it, the most successful social lobby in the history of this country and probably of any other country in the world.

Now, in 1967 when we began the total of all food program spending was a little over \$675 million. Today, (depending on whose figures you use, and I never use the Department's) it's about \$9.4 billion. In other words, a 14 multiple growth. This did not come from any governmental change. This came from outside, by people lobbying day in and day out.

Ironically, although nobody realizes it yet, the food stamp program in terms of its human impact is bigger and more important in many ways (dollar volume not being one of them) than the Social Security program. The politicians haven't figured that one out yet. Work we have done in the House Agriculture Committee indicates that the probable food stamp population for 1975 was in excess of 34 million people over the course of the year. That's 34 million people whose lives were affected in some way by receiving food stamps. That's putting to one side whatever degree of overlap there is with the 25 1/2 million school lunch eaters, and with the 790,000 Supplemental Food and WIC eaters.

Social Security has 30 million recipients. It is the authority before which all Senators and Congressmen bow down. How long will it take them to recognize that food stamps may have more political dynamite buried in it, and that the feeding programs and food stamps put together are probably in their impact twice that of social security?

Now, there's a cynical answer why they won't figure it out—because children don't vote. And unfortunately, because a lot of the WIC mothers and a lot of food stamp recipients who are at old age also do not. But even out of that 32 or 33 million social security population, six to seven million of them are also children. So it is probable that if the food stamp program alone is not the potential political equal of social security, then food stamps, WIC and school lunch together are double that. Double that also because there are not as many people administering social security as there are feeding little children—all of you.

So, the political potential is there. It's up for us to make it recognized. It hasn't happened. It's been a few people baying at the wind, and Senator Humphrey there solid, solid for 25 years fighting. Are things going to change? Are things going to get better?

The answer is I don't know and I'm not sure. The latest document to come out of the Department of Agriculture came from a briefing dated January 17, 1977, just a week ago. And for the WIC Program, as you know, they have written in the budget zero million dollars. Zero.

Now, the magic wand is waved. Bergland is there. What happens to the budget people at the Department of Agriculture. Are they fired? No, they're Civil Service. What happens to the budget people at the Office of Management and Budget? Are they fired? No, they're Civil Service. Who is changed? The very thin layer of epidermis is removed. Now, the Congress isn't even going to consider the proposal that led this to zero million, but it's the heart. It's the thought that counts. It's as Mr. Dickey said, the compassion and the persistence in the Department, the persistence in trying to kill this program.

Now, maybe you don't really understand the beginnings of this program. The beginnings, from the time Senator Humphrey got it passed in September '72 until it was resurrected by the Court, pushing away the rock that barred its cave in July of '73, the beginnings do not lie with the Secretary of Agriculture. They lie with the same bureaucrats you're going to have to fight for four more years. They sent over a lackadaisical memo to HEW and they sent memos back and forth doing nothing until April or May of 1973. For six months, memos among people who are probably still there.

You have got to dynamite them. The Secretary cannot reach down that far. They have the Civil Service as armor to gird them. They have to be prodded by you in many other ways. The Secretary cannot do the job. He cannot heat up a frozen spigot. And look at the other alternative, Mr. Califano. If you can find it on your library shelves, a marvelous Pulitzer prize winning book called *Let Them Eat Promises* by Nicholas Kotz points a very definitive finger at Mr. Califano. He was the one who said no when Dr. Abernathy led the Poor People's March up to the Department of Agriculture, and then

to the HEW to try to demand more welfare benefits and more food stamp benefits at the time when the food stamp program was well under \$200 million, and not any \$5.5 billion. And he is now ensconced in his role as Secretary of HEW.

Now, the hunger lobby has been very successful in terms of money, but obviously not in terms of reaching all the people who need it. Even if there are 34 million people during the course of the year on food stamps, there are probably 50 million who are eligible. Even if there are 790,000 on WIC and Supplemental, there are 3.1 million who are eligible. But we have been very successful in creating one hell of a lot of food programs.

In this same budget—now this is a little tricky because it's broken down by budget boxes—there are 56 separate program budget boxes in the Department of Agriculture alone for food programs. 56, not one, two, three or four. They proliferate and unfortunately that has engaged the immediate attention of our new President. That is the one thing that he seems to be intrigued and interested in. How do we consolidate them. So, our problems for tomorrow are how to survive a new regime that is going to be mainly interested in consolidating existing programs, rationalizing them. Sometimes the word rational means putting things on paper that look nice in Washington, D.C., and as Mr. Dickey appropriately said, not going out in the field and seeing what happens as reason lays people low in community after community across the land. So, we're going to watch what the President does.

We've been very successful in the past 10 years in the Courts. And very successful with respect to legislation. We had the McGovern committee which provided all the political punch and helped Senator Humphrey get his idea to promote the program in the fall of '72. On the House side you have had a committee run by a chairman whose total responsiveness in the past has been to feed middle class children at the request of the American School Food Service Association, who man the cafeteria lines.

Now the situation changes. You will probably be in the laps of the full Senate Agriculture Committee before this week is out. And there you will be at the mercy of Senator Talmadge. I happen to be Counsel of the House Agriculture Committee. The House Agriculture Committee is about as neanderthal as the House Armed Services Committee. Luckily, the WIC Program in the House is not in front of our committee. They took it away effectively in 1974 in similar reforms of jurisdiction of the sort that are now on the Senate floor, and sent it to Education and Labor.

So, watch it from the Senate Agriculture Committee. Watch it in the Courts; although nobody says so, because we only crow about our wins, food stamps lost a big one in the Supreme Court. Last week a major case, a case going for what might have been a billion extra dollars in food stamps, went down the tubes in two pages of well

chosen words indicating total lack of sympathy in the Supreme Court.

Now, to give you an example of the Congress and how thoughtless it is on many topics, Senator Humphrey correctly said that something is wrong in the medical schools about teaching nutrition to doctors. Well, Congress did do something about it but they forgot about it. It's a marvelous little story of how our Government works, and why you have to keep fighting day in and day out.

In December, 1970, a bill promoted by Senator Kennedy hit the Senate floor. It was called the Family Medicine Act of 1970. It passed in early December, but not before Senator Schweiker had tacked on his Title II, a \$5 million program to teach doctors about nutrition. Grants to medical schools for precisely the purposes Senator Humphrey had in mind.

Congress went away, and stupidly then sent the bill to the White House, whereupon President Nixon put it in his pocket and did not return it to the Congress of the United States when they came back. He pocket-vetoed it.

Subsequently, Senator Kennedy, in 1971, began a lawsuit. It took the Courts four years to resolve the very serious Constitutional question of whether the President can effectively pocket-veto a bill when Congress is out for 10 days or 12 days or must he return it to Congress to override. In August of 1974, the Court decided that the bill had become law. In 1975, I went to Senator Schweiker and said: Hey, I see your bill has become law. What happened to the \$5 million? And he said what are you talking about? Now, the law is on the books. Theoretically the authorization is there. The money could be appropriated. But the very sponsor didn't even know it passed.

Another little story: In 1970 we had the major school lunch bill scheduled on Washington's Birthday, thanks to Senator Mansfield who had no interest in the bill. We had a major vote about just how many children could get school lunch for free on Washington's Birthday. We lost 36 to 35. Senator Humphrey was there and voting for us, and so was Senator McGovern. Senator Javits, who was one of the major spokesman in *Esquire*, *Playboy* and elsewhere for anti-nutrition programs, stayed in Acapulco to finish off his weekend and help finish off the children. Senator Hollings was skiing. Remember we lost 36 to 35. And Senator Percy—this is the best of all—was reported in the *Washington Post* the following day to have delivered a speech in Chicago to the Mortgage Bankers Association of the United States saying it is time we turned our priorities around and put more money into feeding children and less into defense.

That is the problem you face. Senators who do not know what is happening after it has happened. Senators and Congressmen who much prefer their vacation and their honorarium to anything you are interested in. No one is going to do it for you. You are going to

have to do it for yourselves. You are going to have to become militants who do not rest until what you want is accomplished.

I think, it is unconscionable that regulations should take as long as they have to develop. Actually Mr. Dickey's process of three and a half months is short. We just lost a lawsuit in California where regulations following the 1973 Food Stamp Act finally went into effect in 1976. Three years is a long time to wait after the Congress of the United States has said there is a law and it shall be so.

Now, I want to switch pace for a minute and ask some other questions for the future. It's time for a little self-examination. Remember, no administration in the history of this country has ever disliked little children. It's that they like other things more.

This administration is all about getting the programs under control. When they see 56 lines in the budget sheet for food programs in USDA, let alone probably five or six lines in HEW, they are going to ask these questions, and you are going to have to give them answers.

First of all, there is a sense in which this group may become, even though it has a different clientele to serve, not much different than any other social lobby. Once or twice a month at the National Educational Association at 7:30 in the morning, there is a breakfast for a group called EFFORT, which is the full funding for education group. And they come marching in, trying to get billions for the educational establishment. They have every teacher in the country, and there are far more of them than there are of you writing for more funds for this or that program. They try to hold on to their committees, they are desperate to get their Department of Education.

How different are you? You want your Assistant Secretary. And you want your Senate Select Committee that will stick up for you. Appropriate, but where does the public interest go? Now, you may assume that you are the public interest. I would like to believe we all are, but so do the grocery manufacturers think they are the public interest. And so do the milk formula manufacturers think they are the public interest. And let me assure you, the people who think they are the most public interest are the dairy herdsmen, and they have more money to put in people's pockets to show that they are the public interest.

Do not copy every other lobby in existence, demanding your own this and your own that, because you will be treated with the same scorn they are unless you have the bucks to back it up, and you don't. And the troops to back it up, and you don't. You are 600. They are tens of hundreds, thousands.

Now, the question you really have to address in your minds, is what business are you in? Are you in the income business, are you in the nutrition business, are you in the keeping your own job business, or all three?

If you're in the income business, is this the program to do it? I think without question the dollar bill is the way to deliver income to people rather than food stamps. In food stamps it is estimated that anywhere from a third to a half of the dollar really is an income supplement that lets people buy what they would otherwise not be able to buy. And I gather from the Urban Institute study that 92% of all WIC persons would purchase some foods if they didn't have WIC; therefore, part of the WIC benefit is freeing up their income.

But is this the best way to do it? Remember your administrative costs. I'm sure many of you here are here to fight for more administrative costs. Well, if what you're doing is delivering income, remember that food stamps does it for \$3.82 per recipient per month, and you did it in April of 75 at \$4.92, and I'm sure it is going up. If the USDA budget is correct, \$30.00 per person will be the benefit per person for the WIC Program in 1977. You're probably at the \$6.00 level, if not beyond, for administrative costs. If you're delivering income, food stamps is two bucks cheaper. Of course, a cash grant is even cheaper than that.

Are you in the nutrition business? Have you talked to nutritionists? There are many nutritionists who would find it anathema to promote King Vitamin and Kaboom because what they are is sugar drenched vitamin pills. If you're in the nutrition business what is most interesting is the constant demand to add more food to the program, different foods. That should lead you right away to realize that food stamps is the answer because you can buy anything; but really you want them to eat only what you give them.

And the question which I noticed as not answered fully by the Urban Institute study was do they eat it? I noticed one of the answers was yes; everybody in the family does. And, of course, that's a great concern to Congress. I cannot believe that tortillas can be made with infant formula, but even if they can, I do not want to taste them! So, if you're delivering nutrition, watch the package that you're delivering; is that the best way to go about delivering nutrition?

Now, of course, you are not simply delivering one or the other. There are at least two other things that you're delivering. One of them is health care. Did you realize that there are 1,750 counties in this country out of 3,200 that have no active resident pediatrician? I don't know what you're delivering. It's probably paramedical health care. How do you deliver health care in the other 1,500 counties? Whether or not you're delivering nutrition education, of course, is a question. The recipients seem to think you're not. You seem to think you are.

What about equity in these programs? What's fair? The new Secretary of Agriculture is going to have to think about this. A three year old on food stamps gets an allotment worth \$25.50 a month on the average. A three year old on WIC gets an allotment that is going to \$30. If you're in child care, the total amount of snacks, breakfast,

lunch and dinner you can get is \$36.91 a month. And the Department is running all three programs.

Why? Why should you get \$10 more if you're in child care just to eat? Of course, part of that is theoretically paying for the labor of the program, but there still are some inequities. And beyond that, the basis for determining the thrifty food plan in the food stamp program is really a farce that the Department dreamed up to justify not spending any more money. The thrifty food program says the average person needs \$41.50 a month to survive. But an adult male needs \$49.20, an adult female \$39.90. They assume that all women sit and all men run. An infant needs only \$19.20. A pregnant woman \$49.30, a nursing woman \$52.60. Those are obviously higher than the \$41 average, but the infant is way under at \$19.20, and the three year old is way under also at \$27.00. In the WIC Program, a pregnant woman with two small children can get almost twice as much as on food stamps, or as they need apparently to survive under the thrifty plan food that is the basis of the food stamp program.

So, are we delivering our benefits in appropriate proportion to people through these programs? Is there any rationality here? The answer, of course, is clearly no. Remember, I said that the danger with reason is that it takes away things from people, and that we must not allow. So, a little reason goes a long way. But you have to answer all of these questions.

Now, of course, it is ridiculous to give these programs to HEW rather than USDA. But it is the kind of thing that has appealed to the director of the transition who's already made a statement about that, and to Mr. Carter's chief domestic advisor who has already said the question is why food stamps should not be in HEW; and if food stamps, why not WIC? Particularly because the extra things you're selling in WIC, health and education, also happen to be part of HEW. So, you better come up with a darn good justification. Maybe ally yourself with your school lunch and food stamp brothers and sisters to try to protect yourselves against the grab, because in the grab you will lose. HEW is a disaster place for any program. It is too big. The main trouble with the food stamp program was that nobody with enough political clout really was on top of it for the last four or five years. There was no Assistant Secretary.

By the way, you're going to get one this week and it's going to be a woman. This is the first time in modern history that any woman has had policy making capacity of a significant nature, with perhaps one minor exception, in the Department of Agriculture. It is the most sexist organization in the United States Government. And, of course, you're dealing with The Children's Foundation here which is an all woman unit that has beaten them mercilessly, but they don't respect women. Now, they'll have an Assistant Secretary, so they better show a little respect. She'll believe in what you're after, and she'll be good.

But she's not going to be enough to save you. Califano is a vicious infighter. If he wants those programs and if the Domestic Council wants them there, bye bye ballgame unless you unite.

And if you are going to unite, as Senator Humphrey said, you can't come to Congress saying give me more money when you haven't spent what you've got. And you can't come to Congress unless you know what you're all about: income, nutrition, health, or education.

So get your act together. Decide what you're about and why. Get a good justification, and then wake up the Senators. Remind them that there's a program that they passed for teaching doctors nutrition. Remind them that their priorities better be yours. Remind them that there are 34 million food stamp users, and a potential 3 million WIC recipients, obviously most of whom will not vote but they'll remember 18 years later. And 25 million school lunch recipients who have mothers and fathers.

Get your act together and go out and fight. You're going to have to do it with your voice, with your pen, and you're going to have to keep doing it year after year.

Honorable George Miller, Congressman from California

... With the WIC Program, we have a program that is salable. We have a program that I believe this Administration's going to embrace. We have a program that has already been embraced by an incredible spectrum of people in the Congress. We've had medical evaluations that have been very positive, and have reassured many conservative members of the Congress that it's a worthwhile program. And they believe that it's cost effective. They can see some results, something tangible. And we've won our battles in the courts.

Now what we've got to do is to sell the states. We have to persuade them that they can take the risk, that they can gear up, that they can go out and find people, that they can meet the caseload demands that are ever present in the clinics. If they do their job, I think we can give them very good reassurance that they're going to be in good shape next time around. I think that's the case that you've got to take back.

You've got to look at the programs that you're involved with and make sure that you're running them to the best of your ability. So that we don't fall into the trap of programs that have grown too quickly, or have lost some accountability or management techniques.

I know there is discussion about whether this is a food program, or a health program, how we integrate it with other feeding programs, what happens to the supplemental feeding programs? Those

are very valid questions, but the answers have to come from you. We don't need testimony in the committee at this time; we need action at the local level to come up with the best possible program. And if we can show full participation and an ever increasing need, maybe then we have a chance to go to entitlement. Or certainly, we will have a chance to expand the appropriation and the authorization levels of this program.

Then, we won't have to face what I consider to be an incredibly grave constitutional question: who is the lucky one of the poor who gets picked for the program? Who will shut the door when mothers and children are waiting outside; who will say "no more"? I think that's a deprivation of constitutional rights.

The past Administration was prepared to live with eight percent unemployment. This Administration says it would like to see six percent unemployment at the end of the year, but they concede that it may only be seven. If they design economic programs which mean seven percent of the people unemployed, then they also ought to make a conscious decision to take care of those people who continue to be unemployed. They are handing down a sentence to a young father with a family that he can't have a job, because this government doesn't find it in its best interests to spend the money to train him or get him a job or get public works going so that he can apply for the job and have a chance to earn an income. We've made the decision that unemployment for young people is going to be 15 or 20 percent, not the young people.

We now see an economic program that I dare say won't do a great deal for the economy, because I don't think it's bold enough. If it's not bold enough, then don't turn around and tell me that you've got to cut food stamp programs, or that you've got to cut down the termination of unemployment benefits. Someone made the decision that those people are going to be in that economic classification. And now they've got to deal with it.

I think we've got the means to deal with the problem. Until we deal with the economic status of these families, we know through the early medical evaluations what's happening to children who are participating in the program. And we've got good evidence of what's happening to the mothers.

We can make other decisions. We can cut the WIC Program, and increase general assistance. We can cut the WIC Program and increase unemployment benefits. We can cut the WIC Program and increase compensatory education.

What's the choice? I think we can deal with the problem of malnutrition, with the problem of retardation, with the problem of unequal opportunity. An equal start out of the starting blocks. I think they'll take care of themselves if we do. But if we want to take care of them at the top end, when they're chronically unemployed, or when they're on general assistance, we can do that, too.

I think we have a chance to have the programs that you and I believe in. I think we have a chance to have them if we run them right, and show that they're effective. That's going to be your burden. I get the luxury of legislating them and cheering them on. You get the burden of running them. And trying to make them work, in spite of our insane regulatory process and everything else.

But I think it is a new day. I think Jimmy Carter will see it with this new spirit. I think he'll see the importance of a program like this, because he has compassion. He's seen the ravages of people who have too little, too late and not often enough.

I think he'll see the idiocy that after six cases of swine flu, we found such an emergency in this country that we could appropriate \$335 million; but after three million cases of malnourishment we could appropriate only \$250 million and have to go to Court three times to get it.

My role is sort of like an automobile, you know. You get in and drive and we'll see where we go. I'm nothing more than a vehicle for good ideas and good people. And I want very much to continue in that role with all of you. I'm very proud of my participation in this program. I hope you will continue to make me proud of that participation. And I hope that at some point we can say that all of those in need receive our help.

Thank you very much.

JANUARY 25, 1977

Donna O'Hare, M.D.

First of all I'd like to say I thought the WIC program was one of the most exciting programs; I was, perhaps, one of the first along with people in New York City to put in for one of the largest grants. To me it was an exciting opportunity for the first time in this country to make preventive health care glamorous and exciting to people who really need it. For the people who can understand a little bit better a food package that comes with health care and nutrition education. This program has the potential for the first time to put public health and preventive health care in a category above crisis health, which is usually what we support in this country.

Before I go into the remarks that I have prepared, I'd like to talk about planned inefficiency. I bring it out every time the Administration changes. It says, we train hard, but every time we begin to form up into teams, we are reorganized. We tend to meet any new situation by reorganizing—and a wonderful method it can be for creating the illusion of progress, while producing confusion, inefficiency and demoralization. That was written in 210 B.C. by Petronius Arbiter. So I'd like you to know that the problems we're facing at the

moment are not new ones. I'm not really certain that how we're organized counts. It's how we work together and how we plan together and how we try to meet the needs of patients that count. And not our jobs or our agencies.

There is within the WIC administration at the present time a receptivity for all of our ideas and we should utilize this well. I think the exchange here has been exciting, and I think we ought to ask ourselves certain questions. Have we focused on how we can improve all of our programs? Have we looked at the state of our current knowledge concerning nutrition? With the emphasis on prevention, not prescription. If there's a need to prescribe it's been too late, we've already missed the boat. That's not what this program is all about. What are the current strengths of the program as we know it now and can we capitalize upon it? Can we find solutions to some of the problem areas in a coordinated way? I do not like to use the term coordinated because it's just like comprehensive, these days. It's meaningless. What I'm talking about is that all of us must bring all of our resources to bear in a way that's meaningful at the point which serves the patient.

There's a new HEW booklet out, *Malnutrition, Learning, and Behavior*. The conclusion states that prolonged severe malnutrition during gestation or early infancy, when the brain is rapidly growing, can lead to permanent behavioral handicaps. Such severe malnutrition is quite infrequent in the United States. The effects of moderate or chronic malnutrition are not as clearly understood. There is a complex environment when nutrition, health, family and social factors interact to shape behavioral development. Adverse behavioral consequences of chronic under-nutrition seem to lie in the areas of attentiveness, curiosity, activity and social responsiveness. Rather than in learning itself. You should get the booklet if you've not seen it.

Although all the research has not yet been completed on malnutrition and learning, corrective policies should be started now. These must include insuring preventive health care, beginning with the pregnant mother and extending through childhood. Assuring nutritionally adequate food supplies over the same period, and providing suitable social stimulation and education for children. It must also be recognized that nutrition, health and family planning programs are necessarily interrelated. Community resources of all kinds must be mobilized and targeted toward national health policies.

That brings me to my second point. That I hope we're not becoming separated from what the total picture should be. I hope nutrition and nutrition education will always be a part of health care. There has been some talk as to what we need to do with the nutritional point of view. It's really what the total team needs to do, the nurse-practitioner or the physician. One of the poorest comments usually put down in a physical examination is the growth and

development status of the individual, particularly the pediatric patient. I think nutrition has been a part of us, but not emphasized as fully as it could have been over the years.

We have known the value of a team approach to health care, but the country has always decided it's too expensive. At one time with the maternal and child health programs, entitled by the Social Security Act, there was at the state level a core team of nutritionists with health care workers and social workers. But in times of crisis and tight money, the nutritionists go, the social workers go, and what is left is the doctor and the nurse (sometimes). And I always wonder why, when we talk about dental health, we take the teeth out of the patient; I've never understood that. They're not part of our Medicaid program completely. They're not part of any Blue Cross or Blue Shield program.

I would like to say a word of warning. It must be as a total team, it needs to be together and it doesn't really make terribly much difference how your state is organized or my state is organized, or my city is organized, as long as we can clearly define the population we plan to serve, as long as we know what our resources will be and can count on them. WIC has given us that opportunity again to go back to redevelop the team. Let us be careful that we not develop it separately.

I don't think we need be in the same organizational structure, because very often we do not get adequate funds. Here's an example of that. We have within WIC this year over \$250 million. Title Five of the Social Security Act, which is the basis of this country's maternal child health and crippled children's program, started in 1935 and has only managed to get up to \$347 million. So you can see what you have been able to accomplish.

My next plea is that perhaps some of the problems within the WIC program are dependent upon the fact that we are one of the few developed nations that do not have a national health program for mothers and children. If we look around us at the infant mortality rate and other things, and then look at our policy statements to UNICEF toward the underdeveloped countries, where we suggest that they should have a policy for health care for mothers and children, perhaps we had better do some homework right in our own backyards.

So along with developing an adequate nutritional policy, we also have to assure an adequate health policy for mothers and children. WIC to me has been more like Title V of the Social Security Act, not just a payment program, not just a food stamp program. It asked you to provide services along with the needed supplies. And this is important. It's asked you to provide tools in terms of nutrition education. We are now looking at new national health policies. It is interesting to me that nobody has questioned the fact that Medicaid and Medicare for another segment of our population will pay up to

\$1,500 per month in a nursing home, and yet we are questioned very carefully about what we are spending on preventive health care for each child.

Perhaps the time has come for our priorities to change. There's no question that we are not the most glamorous issue. On the Hill there appears to be less difficulty in securing funds for cancer or for heart surgery; in our own communities, we know a hospital will support a deficit when it comes to supporting open heart surgery. It's extremely glamorous to the community. Why can we not make health care as glamorous? It's an important question and we have each failed, and some of us in the health field have failed more than others. This is the task that we have before us.

The next thing we should think of is what are the strengths of the WIC program? The greatest strength of this program is a motivational factor once again for the community to seek something called preventive health care. By getting this care along with other factors we can prevent low birth weight infants. We can identify, early, mothers who are high risk and with special care can have a better pregnancy outcome. We have here an opportunity to identify and prevent early.

I think the flexibility of the program is good. I am a believer, I'm afraid, in state based programs, simply because as I have gone around the country in the past two and a half years, I have seen the different resources, both health care resources and other resources, that people can bring to bear. I have seen different interrelationships in a community that makes these resources work together. WIC has had the opportunity to be a catalyst in many states; with the carrot of 100% federal dollars, we could be even more of a catalyst by saying to the state health departments please identify for us all your resources in your state. Identify for us the population in your state of fertile women and pregnant women and infants. Identify for us not only those resources that are accepted by the state health department, but other institutions such as elementary education. Perhaps if we did a better job, starting with someone in the first grade, the job that we have to do during prenatal care would not be as horrendous. We have land grant colleges, home economics, training teachers. All of these institutions should be brought to bear, as well as the private providers, professional associations and I'd say, most of all, the volunteer and community groups.

WIC has this capability when it goes to a state health department. It has utilized it wisely in some states and it could be used even better, I think, in some others. This can definitely be one of the greater assets of this program.

I think throughout all of the program one of the questions that we've all had is what are we using as criteria? What are we using as our indicators? Are we really using indicators for prevention, or are we using indicators that already tell us we have disease? This is

something that we have to look at very carefully. Even some of the simplest tools that we have, such as measuring height and weight, doing hemoglobin, hematocrits, if they are not done accurately are meaningless if you're following the course of children and of mothers. It doesn't do any good to measure how much weight totally a woman has gained, but what has been the pattern of her weight gain. I think we all need to look at things more carefully than we have in the past.

And then within our list of things we'd like would be some research into more effective tools, inexpensive tools, better knowledge of what the real nutritional requirements are for a developing human being. Knowing nutritional requirements as well as behavioral motivation about what we eat or don't eat, and our habits and approaches to it, are an important aspect that perhaps we have not given enough attention to.

As we look at all of these things, we can certainly say, "yes, we need to do it, how do we go about it?" I think you've had an opportunity here to begin to get your thoughts and recommendations together. This program is a foundation for a national program for mothers and children. The WIC program can help lead the way. As you go forward, make certain that you are not going separately.

I sympathize with the people who are administering the program. It is not always easy when you receive a budget in the ninth month of a 12-month year, to be able to give good guidance and direction. That is one of the reasons why one of the big pushes I did develop is for prior funding of at least a year for maternal and child health under the Social Security Act. So that people can plan and can match the money, and use it in an effective way.

Another item I'd like to bring up is something called flexibility in budgeting. I would like to know anyone that can serve patients and use the exact number of dollars, not minus five or ten percent, that they said they would use 12 months prior to that. Can you predict every snowstorm?

It's not the fault, really, of people in Washington; they need to know ahead of time what their dollars will be. But they also need to determine how they're going to apportion it state-by-state and give you some knowledge. You in turn can't tell me (if you do, I know there must be a fudge factor) that you're going to use exactly \$250,000. Because you can't tell who's going to die, who's going to get sick, or who's planning to get pregnant.

So let's plead as we go forward with new legislation for this flexibility to be built into our program budgeting. And for the flexibility of knowing enough ahead of time, even with our new budget year, that this will be forthcoming.

There're many other things I could dwell upon, I think it's been fun. I wish I could've sat in on all of your workshops and sessions. I

have borrowed something from someone from Ohio that I'd like to close with, if I may, and I hope it will give you some food for thought:

My concern has not been what's good for me, nor what is in fashion or in style, I promise to do with conscience free, what's best for every child. Even though programs and problems and people distract, with eyes on the money purse, we should commit ourselves in our every act, to keeping children and youth first.

Thank you.

Carol Burris, President, Women's Lobby

Since all of you know a lot more about WIC and nutrition programs in your area than I do, let me tell you something about the thing that I know, which is lobbying and influencing the Congress in the interest of national legislation.

I think the emphasis on preventive health care is one that the Congress has never been really quite willing to assume. You have an enormous lack of understanding and information on the part of most members of Congress.

I have a favorite anecdote about this. There is a Congressman on the Health Subcommittee of the Commerce Committee who has been working on family planning legislation for at least 10 years and who came up to me one day in the hall and said, "You know Carol I'm really secretly with you, about things like abortion and national health insurance because I think that all those women shouldn't have to have Caesarians." As we talked further I realized that this man's wife had always had caesarians and he assumed that that was the normal mode of delivery. Let me assure you, it had not prevented him from writing health insurance bills, family planning bills and working on a maternal and infant health care bill. Confident in his ignorance, he is going forth to prescribe for all of us.

And I think that the question of what you do with the Congress particularly where women and children and their health care is concerned is a problem also of peer group pressure. There are 18 women in the Congress now, that's down one from last year. There are no women in the Senate at all. That means that we're dealing with a group of people who in the main are not themselves experiencing problems of maternal and infant health care. They are a highly successful group of middle-aged white men who have by and large worked as lawyers or professionals and who have come to Congress in what they think is a very difficult and trying way, that is running for Congress in the public sector. They have no real sense that the rest of us have enormous problems that have to be overcome.

You have to realize as well that the level of health care that they have is very high, successful, and very cheap. It's provided for

the President and the members of Congress, but not for the rest of the U. S. population.

Another problem is that there is a mystique of pregnancy that surrounds these 55 year old men; that is a very difficult shield to break through. We spent some time last year outlawing discrimination in unemployment insurance so that women who were pregnant would be able to collect unemployment compensation. And the chairman of the sub-committee, a good liberal Democrat, very sound on all these issues, told me that pregnant women were genuinely different and that they like to eat pickles. Whether or not he votes for additional funding for these programs, whether it's for pickles or for some more substantive nutritional food, is determined by that veneer he has of superficial knowledge; he really knows nothing at all.

Most of you who have the experience of meeting with your Congressional delegation will discover that the veneer of superficial knowledge is thin indeed. This isn't limited to the Congress, but extends to the Supreme Court. The recent Gilbert decision which outlaws pregnancy disability pay says that isn't sex discrimination; Justice Rehnquist says he would apply the same standard to all pregnant persons, regardless of sex!

That is, in a nutshell, the problem that we confront with the Congress in discussing pregnancy problems and the level of services that we're going to provide.

In working on the problems of health care for women, we discovered that there is a real reluctance in Congress on other issues like child care, or nutrition programs, or food stamps, to fund things that women are supposed to be doing for nothing. Why should you pay for child care when women can do it for free? Why should you provide food stamps when that's what people are supposed to do for themselves?

And when you come to the issue of preventive health care, you come to an extremely difficult issue around reproductive freedom, whether or not you're going to provide abortion services, what you're going to do about family planning and what you're going to do about family planning for minors.

The mortality rate for infants in this country is scandalously high, as all of you know. And there is no real sense in the Congress that that is a very grave problem. All of the published literature says that the most significant way to reduce that mortality rate that anyone knows about yet is through first trimester or pre-pregnancy visits. And yet there is not a system set up, under Medicaid to provide first time mothers with that kind of care. Ninety per cent of all the women who die in their reproductive years, die of reproductive cancers. About two-thirds of all the diabetics in the country are women. Women do not die of heart attacks at the same rate that white men do even when they're smokers and work in executive

level jobs. But we have a system in which we spend about one-seventh of the budget devoted to cancer and heart disease on preventive health care for women, including reproductive care. Congress also puts the money into things that are essentially preventable, like smoking diseases and overweight diseases like heart attacks.

Until you begin to discuss this with your Congressional delegation, you won't realize how deep seated is their prejudice against acknowledging that girls are sexually active at 13.1 years and boys are sexually active at 12.8 years and that there is an enormous problem in teenage pregnancies and there's also an enormous problem in the collection of that data. In the latest Planned Parenthood Guttmacher Institute booklet, they show seven million males between the age of 14 and 19 being sexually active, but only four million girls being sexually active. The problem is that sexual stereotyping sets up an enormous difficulty to providing good prenatal care to young women. They should be virgins so they should not get contraceptives. The idea is that the girls must be promiscuous so how can we provide any health care for them? Added to that is the difficulty that the incoming Administration intends to spend no federal money for abortion care so that there are not going to be Medicaid abortions and there are not going to be any abortions under national health insurance, if Jimmy Carter has his way, and if Joe Califano has his way. That means, then, that we will be left with some very unreasonable alternatives, particularly in teenage health care.

The other thing that you have to realize is the patchwork pattern of legislation that provides any sort of coverage for any reproductive care. The level of sex education in the schools and the level of family planning information that Carter and Califano are offering as an alternative to abortion stresses that the schools are going to be pivotal in this. And yet Louisiana totally outlaws sex education in its schools and Michigan totally outlaws any contraceptive education in its schools. About a third of the states have absolutely no sex education in their schools at all. Those two-thirds that have some sex education program start with environment, population and natural resources, population and food supply, population in the economy, and then finally reproduction. So that in order to prevent ourselves from the unhappy knowledge that sex is alive and well in America, we are all going out and teaching teenagers about population and the world food supply. Because that makes all of us who're adults feel a lot better.

I urge you, in thinking of any prenatal programs or any programs for women who are poor and have children, to realize that the audience to which you're bringing those programs is an audience of affluent white, middle-aged men, who consider themselves successful in the community. Who feel that these programs are not very real programs. Whose view of women is not only not realistic, but who never even discussed "population and the food supply;" they read locker room graffiti and that's as far as they've gone. We have

never had any successful breakthroughs in discussing preventive health care with members of Congress, partly because they break up into 13 year old giggles at every case, and partly because they have a total dearth of information.

It's up to you, who are in the states, to provide them with reasonable information about the need, and reasonable information about the scope of the problem as you see it. That's something I can't do. I may be very successful in providing information and a little one-page fact sheet for members of Congress about specific programs that come up in Congress. But I'm terribly unsuccessful at knowing what's going on in all of your communities; only you can do that. And it requires an enormous amount of work to bring those members of Congress along.

But those women and children that we serve are worth it, and it's worth getting rid of your Congressman if he is not representative of those views and that need. Thank you.

JANUARY 26, 1977

Honorable Shirley Chisholm, Congresswoman from New York

I am pleased to be here with you this morning, and I am happy to convey to you my belief that the WIC Program and other federal efforts in the area of child nutrition can look forward to ongoing support in the next Congress from the Executive Branch as well as in Congress. Those of you who have been with us in the congressional battle to make WIC a meaningful, well administered program know that the past administration has had a most disturbing habit of trying to regulate all the child nutrition programs out of existence; but I do not believe that the Carter Administration will be the kind of "government by obstruction" which Mr. Ford and Mr. Butz represented. Those of us in Congress who intend to continue working on these programs will be able to proceed, knowing that the legislation we approve in Congress will be implemented by the Executive Branch.

The reason that the WIC Program is gaining the necessary support at the federal level has been the cost-effectiveness of the program, and its ability to make inroads into the devastating cycle of malnutrition and poor health which afflicts millions of Americans. But while you can pride yourself on the fact that the WIC Program has proven its value, all of us concerned with human development and good nutrition for our youngsters must keep in mind that we still have a long way to go before malnutrition ceases to become a major medical problem in this country.

In this, the wealthiest, most technologically advanced country in the world, we still have one of the highest infant mortality rates in

the world. Thousands of babies die each year, and Black children die at a rate twice as high as white infants. One quarter of our children suffer some form of malnutrition.

A high percentage of our most impoverished families have children who, because of poor diets and inadequate medical care, suffer all the emotional and physical consequences of neglect.

In the meantime, the inner city child is handicapped by poor pre-natal care, is becoming sick because of poor environmental conditions, is dying because of a health delivery system that simply does not deliver.

I am sure that I do not have to convince anyone in this room of the need for the WIC Program, but I would like to make a few points about the Program as it relates to the legislative process, and to suggest that the best way to keep WIC and expand its services is to improve its delivery.

I have been involved in a good many fights for social service and social welfare programs during my tenure in Congress; many times I have advocated and fought for programs which were highly unpopular. The role of those of us in Congress who have gone to war for such federal programs as Supplemental Security Income, A.F.D.C., Low-Income Housing Allowances and the rest, has been to educate our colleagues to the tremendous social need, then to call upon their good consciences to do what is right and moral and compassionate and not necessarily inexpensive. Because so many of my colleagues see federal humanism as some kind of erosion of American ideals, there is a tendency among many liberal legislators to be over-protective, and over defensive, about the inroads we have made.

Thus, when there develops a problem in the administration or in the delivery of services, we can expect that a number of legislators will try to demonstrate that such programs should be done away with, that we cannot be effective or efficient, in trying to accommodate the needs of our low-income families, that we are throwing tax dollars away in our attempt to ease some of the human misery which exists in this country.

Certainly that was true last year in the discussions about the Food Stamp Program, when some of the "less enthusiastic" legislators brought to the floor a laundry list of alleged abuses in the Program and suggested, with the full support of members of President Ford's Cabinet, that the Program be done away with, or cut back. All of you undoubtedly remember as well that the administration under President Ford tried to severely limit the WIC Program, even as it was just getting off the ground. The block grant proposal, the elimination of benefits for certain women who were initially qualified, the re-organization of the Program from the national to the state administrative level, all were, in my opinion, attempts to undermine the value, the operation and the potential of this Program.

Thankfully, the WIC Program is no longer being subjected to this kind of high level harassment. I think that all of us can now proceed to look at some of the problems within the Program, confident that we will no longer have to fight for its survival. In other words, we do not have to be as cautious in discussing some of the shortcomings of the Program because we do not have to fear an army of conservatives-in-waiting who will dismantle the Program.

Certainly, too, we can expect to remedy some of the problems in all our food programs by regulations, not solely through legislation, which is what we should have been doing all along.

The Program, as many of you can attest, has had a hard time getting off the ground. There is still a need for a more effective vehicle for dissemination about the Program and about nutrition in general. We cannot attack the problem of poor nutrition in pregnant women, infants and children if we only provide them with nutritionally adequate food, and do not in the process use this Program to teach the principles of good health and nutrition. The recent survey of The Urban Institute concluded that many women participate in nutrition education programs only because they cannot get their benefits without doing so, and that in reality, these attempts are not innovative, not doing what they were designed to do.

In terms of the administration of the Program, we have relied on county health departments exclusively in some areas. While many of them are doing a good job, it was not the intention of Congress to restrict administration of WIC to county agencies. There are certainly other community interest organizations which could help facilitate this important Program. The more we bring interested community elements into the Program, the more information we can disseminate and the more women who are eligible can be brought into the Program.

I can appreciate your interest and your sustained involvement in this Program, but I would like to make one more suggestion. Certainly those of you who know the importance of good nutrition for children and for pregnant mothers understand that the need for nutrition programs subsidized by the federal government is not limited to that group of Americans. Malnutrition, lack of health and nutrition supplements and misinformation about the quality of packaged food sold in our stores is a serious problem for many Americans and most of our impoverished families. That is why we need a comprehensive approach on the part of the lobbying interests as well as members of Congress to support all federal legislation which relates to child nutrition, food stamps, day care feeding and the older American feeding program.

We cannot forget that there is still a great deal of opposition to government attempts to supplement inadequate diets. There is a school of thought that programs like summer feeding should be eliminated, and that food stamps is a giveaway program which pro-

vides "double benefits" to welfare recipients. I know that is not true, and I trust that you do, too. That is why I stress that people concerned about the WIC Program should be involved in all the food programs.

The legislative process sometimes seems to be a never-ending series of amendments to modify such programs; the discussion about the Food Stamp Bill will get around to a discussion of amendments relating to WIC. For example, in the Agriculture Committee last year, an amendment designed to curtail the so-called "overlapping" of the food programs was offered which would count income from School Lunch and WIC Programs against an eligible recipient's food stamp allotment. We will have to deal with this proposal in the final consideration of the bill which the Agriculture Committee presents to the entire Congress. And the new Secretary of Agriculture might want to incorporate under his jurisdiction at USDA programs like the elderly feeding program—which now is handled out of HEW.

I suggest that if the Executive Branch and some of the members of Congress who are proposing changes in our welfare system are going to view all the food programs as one entity, then we must be prepared to do that as well; and we must continue to develop a kind of "militant advocacy" for these programs to preserve them, sustain them at their current budget level, and of course expand them to meet the yet unanswered needs of our people.

I want to see some of you up on the Hill when the time comes for food and nutrition advocates to lobby for continuance of these programs. I want you to continue to keep in contact with the legislation as it comes out of the Education and Labor Committee so that you can respond knowingly to the proposals which are offered. Above all, I want all of us who know this Program intimately to have on hand the statistical evidence that demonstrates the worth of this Program. I personally believe that this is one of the most important pieces of legislation to come out of our Committee in the past few years, but not every member of Congress feels that way. My job on the inside, and your task from the outside, is to make a case for the WIC Program and the others which have the same goals so that its integrity is never questioned, and its budget is never cut until we solve the problems this Program was designed to address.

I know that many of you will go back to your homes from your week here with the good people from The Children's Foundation with renewed vigor for this Program. And I hope you know that this Program has a cadre of defenders in Congress who will be equally enthusiastic for this Program—largely because you have made it work, you have proven that we can turn around the millions of impoverished Americans whose families have come to expect poor diets and malnutrition as a way of life.

But, let us be ever-mindful the task at hand is still a large one and that we cannot put our enthusiasm, our talents, or our interests to rest unless or until we make malnutrition and its dire consequences a thing of the past in this country.

Honorable Charles Percy, Senator from Illinois

I am extraordinarily privileged to be with you. There's no partisanship whatsoever in our committee, and there's no one in the Senate that has a greater regard and affection for George McGovern than I do. We have worked together for many, years, and I'm very sorry that he is not here with you because he has the flu. I'm going to speak to you, however, on behalf of both of us, and try to express what I know are his views, and also try to express some of my own.

I first would like to pay tribute to Pat Fitzgerald of the State of Illinois, and those from Illinois here who have done such an outstanding job. I think over 15,000 infants and mothers are now in that program. If every Senator is as proud of the WIC work in his state as I am of the work that Pat is doing, I know that what you're all doing is deeply appreciated.

It's obvious from reading the workshop information pamphlet that The Children's Foundation WIC staff has done an extraordinary job in highlighting the best topics for discussion. I don't think it's necessary for me to repeat the ground that Senator Humphrey and Congressman Miller and others have already covered, except to surmise that we could each at this point draw up a fairly complete list of major WIC concerns. Let me just review for you the list that we feel is most important.

It would include the question of the continued maintenance and growth of the Commodity Supplemental Food Program. Secondly, establishing income eligibility guidelines. Third, special diets for children with inborn errors of metabolism. Fourth, more effective and realistic nutrition education efforts. A witness that I was particularly anxious to have before us in a set of hearings a few years ago, Margaret Mead, confirmed to me that nutrition is the only field of human endeavor in which the population as a whole has regressed. We've forgotten the things we knew, and we've learned bad habits that are contributing to poor health in this country. When even doctors give as little attention to it as they do, we need a more effective and realistic nutrition education effort.

Next what we've got to do is reach out. You can't expect people to come to the program. We've got to make this program available and known to them, so that those most in need do get WIC benefits. Many times, it's someone who is ignorant of what we have available to them who is the most desperately in need. It's our job to find them. I've always maintained that if we waged that terrible war in Viet

Nam and were able to deliver hot meals, three times a day, no matter where they were in Viet Nam, we can seek out and find people in this country who need help, right in our own shores, who are engaged in the work of this nation.

Then we need a timely and accurate program assessment, an evaluation, integrated with other ongoing health assessments. We need administrative coordination with the states, with other related activities like maternal and infant care projects. We need clarification of the reallocation formula. And, of course, finally you get right down to the bottom line, money. We need funding levels in the next few years that can allow everyone in need to participate. That's our goal. Everyone who's in need of help should have it.

Let me talk briefly about this problem of money because I served on the Appropriations Committee for a while. Let's assume participation levels reach near 100 percent sometime soon, although I know this is a problem which can be over-simplified. And let's also assume that waiting lines continue to grow. I'm sure then that what has been bipartisan Congressional support will continue, and pressure will build for entitlement. It will then be our task to take the case to the new Administration. Much will depend on their attitude, but I believe the naming of Bob Bergland as Secretary of Agriculture is a hopeful first step.

And let me speak now about being cost effective. I think that's a good test to put to nutrition. It's one of the most cost effective programs that we can enact. It's cost effective because an eight and a half billion dollar program today is reaching 50 million people. That's one out of four Americans. And we're reaching them. Our nutrition programs in the end will cost us hardly anything. Because what we used to do is pay wealthy farmers in Illinois millions of dollars for not growing crops. Price support programs to artificially keep prices high, to keep farm income up. So I fought those price support programs that cost us four billion dollars. Well, what's happened now? They're planting, fence to fence, on a philosophy now of growing as much as we can because there is a whole hungry world out there; we're shipping 22 billion dollars worth of agricultural products abroad. It's one of our biggest weapons. When we get to the point when we're shipping food instead of arms, and selling food to countries instead of military jets and helicopters, we'll still have our balance of payments up there, and we'll be doing good for the world rather than making the world a more dangerous place in which to live.

So you see, against the eight and a half billion dollars, already we've saved four billion. And we've saved on medical attention through proper nutrition to mothers, to children, to older people. We've saved billions and billions. You have made more money for the federal government than any group that will come to Washington this year, and I want to thank you. You've been cost effective, in my judgment.

I think we've got to keep up the battle, and I can assure you that a lot of my colleagues feel just as strongly as I do about it.

But let's not forget what has haunted the program and all social programs aimed at people without resources: official and unofficial indifference, racism, lack of respect for human dignity, and such an overwhelming and sad misplacement of our national priorities that somehow, you end up feeling defensive about caring too much for those for whom we're trying to work. Attacks come in all forms.

As you know, the Senate Nutrition Committee is now fighting for its life. With the help of many now in this room, our Committee was the first and only Congressional forum to successfully document the extent of need among low-income pregnant women and infants, and to design the intervention legislation that has become law. We as a Committee really have no greater accomplishment than that. And also we worked cooperatively with the breakfast cereal industry. It's pretty hard to find breakfast cereals now that aren't labelled and that aren't filled with added nutrition. The committee justified itself just in that single hearing.

Look at another report we just put out on eating problems and habits. This report exemplifies why I quarrel with the Agriculture Committee being given jurisdiction over this. They're fine people, but they are in the production business. Their constituents are the cattle growers; their job is to sell more beef. Our report says that it may not be a good thing for people to eat more beef. What's the Department of Agriculture going to do, what's the Agriculture Committee going to do when the pressure is put on them by all the beef producers? Because we may come out and say we ought to eat more fish and chicken. There's a conflict of interest there that I think we ought to resolve in the Senate, by having a committee that's totally independent of any outside pressures.

It's the work of our committee to keep a constant vigilance to protect what we have and to find new ways to use the power of our government to do good, and not evil. Within Congress I am dedicated to preserving the work of this Committee. Those who have attacked us suggest that what the Nutrition Committee does will get covered by any of several other committees. I know enough about human beings to know that's simply not true.

Has the Agriculture Committee ever documented the extent of hunger in this land, county by county, or surveyed the Food Stamp directors and county administrators and recipients of programs to develop necessary reforms? Has the Agriculture Committee ever put forth one program innovation designed to make food programs part of our health and education efforts, as well as just surplus removal? Has the Education Committee ever looked at the school lunch program as an integral part of the educational effort of this country? Ever drafted legislation to use the classrooms and cafeterias of this nation's schools as learning laboratories to teach

children good eating habits that will stand them in good stead the rest of their lives? Has the Health Subcommittee once included nutrition programs in their public health legislation, ever educated Congress on the value of nutrition intervention during pregnancy and infancy, ever drafted legislation for supplemental food programs? Has the Committee on the Aging ever done anything to reach the hundreds of thousands of homebound elderly who cannot get to eating centers, who are without adequate nutrition, who enter nursing homes at huge expense to the taxpayers, just to receive adequate meals?

I'm not blaming other Committees. They've got a whale of a lot to do with their mandate. That's why we were established as a Committee to provide in-depth, ongoing investigative analysis of one area of concern even as it crosses over into other subject matter jurisdictions. That's why we produce so much in the area of policy and reform. No other committee ever has or ever will address the problems of the Nutrition Committee the way we're doing it right now. If my colleagues wish to vote against the Nutrition Committee, that is one thing. But they'd be in error to believe that our function will be covered elsewhere. If our Committee disappears, oversight of hunger and poverty issues, and the necessary information to deal intelligently with them, could disappear.

Let me simply make this pledge to you, as I have in many forums across the land in the last eight years. We are the richest nation on earth, and we simply can't afford to still have twenty percent of our population ill-fed, ill-clothed and ill-housed. That has to be eradicated.

I believe the secret of our success and of WIC's growth is that these programs allow each of us, at every level, federal, state or local, to realize our own goodness, our own strengths and our own nobility.

In the process of caring, we've all found out a little bit more about ourselves, and felt a little better for it. I think you can feel my shared sense of achievement with you and my appreciation for being asked to be a part of your program.

And so, it's with that thought that I say, our blessings to every single one of you, and put the heat on every colleague we've got in the Congress before the vote on the floor of the Senate.

Nathan Smith, M.D., Chairman, Advisory Committee on Nutrition Evaluation

I've been asked to report to you about the activities of the Advisory Committee on Evaluation. This is a committee that was mandated by the Congress to recommend how best to evaluate the nutrition and health benefits of the WIC program. This is a most appropriate and important assignment. It's a proper time to sum up what

nutrition evaluation has done in the recent past, what it can do and what it should do in the future. Since the first meetings of our committee five or six months ago we've arrived at some very practical and some very realistic answers. The members of the committee are very expert in their fields, and have been very diligent in their work; they represent the academic community, state and federal agencies, and societies such as the American Public Health Association, the Academy of Pediatrics, American Dietetic Association, and the National Research Council.

It may come as somewhat of a surprise to you that only since the late 1950's have regional or national populations been evaluated with laboratory and anthropometric and dietary standards as far as nutritional health is concerned. In the late 50's, the Interagency Committee on Nutrition and National Defense was organized to study the nutritional status of civilian and military populations in some 36 to 37 foreign countries that were potential military allies. By the mid-60's, when this had been accomplished, we knew a great deal about nutritional status and problems in these developing areas, but nothing of the nutrition-related health status of the American people.

Many of you here will remember the national concern that was aroused in 1965, with the showing of the television documentary and later the published report on *Hunger, USA*, telling us that amidst our plentiful food supply, there were many who had too little, and were hungry. Congress responded by demanding to know who were the hungry, how many were there, where were they, and the so-called Ten State Nutrition Survey was born.

It adopted those methods developed by the ICNND studies overseas. It was directed to populations living in areas known to have a high prevalence of poverty. It was initiated in 1968, and by 1970 some of the results of this very large and diligent effort began to become available. Although the survey sample was in no way representative of the United States population, the health-related nutrition problems of a food-excess industrialized society were beginning to be identified for the first time.

Now, the findings of the Ten State Nutrition Survey did show there were indeed many living in poverty who could not afford to buy sufficient food to meet their nutritional needs. And it has subsequently been estimated that this may be true of as many as 15 or even 20 percent of the American people. Of particular interest, and a fact that many still refuse to accept even though every subsequent study has documented it in greater detail, is that the low-income family buys food of the same nutritional quality as the upper income family. Only for obvious financial reasons, they buy less of it.

I would doubt, therefore, that traditional nutrition education directed particularly to the poor, nutrition education for second-class eating I call it, is apt to have very much impact in solving the

nutritional problems of the poor. And I would ask if it's not just a bit difficult to justify spending millions of potential food dollars in administrative costs to insure that only milk, fruit juice, eggs and cereal get into low-income households as food supplements, when as a pediatrician I know that citrus fruit juices are one of the best ways to produce a rash in a baby, when I know that high cholesterol-containing allergenic eggs have iron that's not very well absorbed and are rarely recommended for infants, and when I know that the iron-supplemented cereal has iron in it that no one has proven to be absorbable or useable, and that increasing numbers of Black, Indian, and Spanish-surnamed children by the age of three or four have outgrown their tolerance for large amounts of milk.

The point is, I think, that there is no documented reason why we should not build into future food assistance programs the dignity for the poor of increasing self-selection of their food.

The Ten State Nutrition Survey also told us who was the highest nutritional risk in this poor family, who suffered most when there was too little food. The answer has never been properly appreciated, though any parent, I think, would have expected it. When there's too little food, those with the greatest food need are the ones that suffer most. These are not the elderly, nor the adults. The groups with the greatest need for the greatest amount of food are, as you and I know, teenage boys, pregnant women, particularly young pregnant women, teenage girls, and to a lesser extent, children during their growing years.

These are the hungriest poor in our society, and we know all too little of the consequences of this inability to feed adolescents in poverty. School failure, thievery, drugs, asocial behavior, teenage pregnancy, disrespect for society and most particularly, disrespect for self; are these some of the consequences of going hungry as a teenager in a food-excess society? The best response we have provided for this need to date is the possibility of a free or reduced price 850-calorie lunch. For a 15-year old boy, that's a mighty meager meal.

The lack of evidence of states of specific nutrient deficiency was a very striking finding of the Ten State Nutrition Survey. There was no scurvy, no rickets, no pellagra, no specific protein deficiency, not even among the poor. This finding was in keeping with the fact that the poor have moved from rural food-producing areas and a restricted diet, without much breadth, to the highly varied American diet available in a cash-dependent food economy in urban areas.

The one exception to this finding of specific nutritional deficiency was a deficiency in iron; infants and children, low-income teenage boys, teenage and older females in all income groups are found to be at particular risk of iron deficiency. With more refined methods of assessment at the moment, we're beginning to recognize the serious health significance of this deficiency in our current population, a very serious health problem.

With the Ten State Nutrition Survey and subsequent studies, we began to look at some of the interesting aspects of how Americans were eating. We began to become aware of the fact that eating is rapidly becoming more and more a community based activity, and less and less an activity of the American home. And thus, this year, when I hear that over forty percent of the American food dollar is spent eating away from home, I'm much more concerned than I am surprised. When the American family has no meal table and meal time, where do they really get to communicate and know one another?

Now, in some states, particularly out West where populations are a little more mobile, the Ten State Nutrition Survey sample included a larger number of middle, and even upper income families. Here, too, there was hunger: voluntarily inadequate food intakes, severe caloric restrictions of teenage girls and young women, responding to the very real social pressures to maintain a sylph-like figure. Women in upper income families are willing to accept a great American truism that there is no such thing as a woman who is too rich or too thin. And with little exercise and little opportunity for physical activity, they have no other choice but to starve amidst plenty.

Well, caloric restriction, whether voluntary or involuntary, has a similar consequence: too little energy to support a healthy, active lifestyle, and a high risk of nutritional deficiency. And in this country, the problem of iron deficiency. Among middle and upper income women across the United States, 15 to 20 percent between the ages of 15 and 45 will be iron-depleted.

In contrast, males of all ages in the upper income groups are threatened by food intakes in excess of their needs. In other words, too little activity and unrestricted food intakes, with obesity a widespread public health problem particularly affecting the affluent male. To a lesser extent, women in poverty, living in very restrictive circumstances, are also affected.

I've given a good bit of emphasis to the findings of this first United States study of nutritional status not only because it was important, but also because it revealed a host of interesting findings for the first time. It prompted several subsequent studies in the development of a national nutrition surveillance program. All the studies in the last eight years have reaffirmed, and often made more precise, the findings that were originally identified in that Ten State Nutrition Survey.

For example, in 1970, George Owen directed a very well done and elaborate study, of a national probability sample of pre-school children. He found that children in poverty were indeed undergrown, were small. Iron deficiency was the one specific nutritional deficiency he encountered. He found widespread use of vitamin and mineral supplements, vitamin drops and vitamin pills, among pre-

school children, which for healthy children are only needless and expensive and potentially dangerous. When compared at the same income levels, he established the interesting finding that Black children were taller, heavier and less fat than white children. And again he documented that there was no difference in the nutritional quality of the food purchased by the low-income family with a pre-school child; only the amount of food was limited.

The pre-school child survey and the Ten State Nutrition Survey have been followed by a variety of other studies: a study of school lunch conducted by the State of Washington, and a surveillance program at the Center for Disease Control. A very elaborate cycling evaluation of a carefully selected probability population from across the United States for growth performance, fatness, dietary intake, and chemical assessment, is being carried out with improving techniques by HEW; this Health And Nutrition Examination Survey we all refer to as HANES. Its results are reported periodically and they're beginning to document ongoing nutritional problems. Again, the poor have as much quality protein and iron per thousand calories in their diet as do the rich, only fewer calories. And they're now documenting that the inactive poverty women, lacking social pressures toward thinness and energy expenditure, are becoming more obese. This again, I think, reaffirms what we are beginning to learn about obesity, that it is as much or more an activity problem as a food problem.

It's essential that those of us in the field maintain a very close scrutiny of all these evaluation efforts. The findings, if they are to be meaningful at all, must have impact on how we plan and how we implement our programs. It's equally essential for you in the field to keep an eye on the interpretations of the office-bound biostatistician who may be a little too close to his computer terminal and a little too far away from clinics and patients and people.

But HANES, nevertheless, is a unique and important activity. It deserves our interest, and if well done, it can be truly a good monitoring instrument for the nutritional health of the country. Importantly, it can identify new nutrition-related problems that certainly will arise as our lifestyle and as our diet practices change.

Well, with all of these interesting and provocative findings coming from just seven or eight years of nutrition evaluation studies, it's not unexpected that concerned legislators would incorporate into the legislation that established the WIC program a requirement of a health related nutrition evaluation, as well as an effectiveness evaluation.

Of particular interest to us, of course, has been the so-called detailed medical evaluation. The legislative demands, combined with a variety of administrative limitations, made essentially an impossible demand for those who attempted the study. We've had the occasion to spend a great deal of time in contact and review of this study, and I can state here that the impossible was not accomplished.

The investigators have provided a report. It's been submitted to the Congress. It's available. It speaks of increased growth rates of the infants in the program, of reduction of anemia, of increased weight gain in pregnancy and increased birth weight of those infants born of participants. But because of some very, very serious limitations in the sample study, in the quality of the laboratory evaluations and, in the follow-up, and because of the inappropriate use of controls and some extremely unique data interpretations, I'd have to conclude that any findings have a very low confidence level. If indeed they are true, they could well be due to factors other than participation in the WIC program.

The Urban Institute study on effectiveness of the WIC program identified both management concerns and certain nutrition-related activities. For example, providing the WIC food supplemental package increased the utilization of health care services for both mothers and infants, produced better attendance at pre-natal clinics, better immunizations experience, et cetera. In general, the participants were enthusiastic about the program, which is understandable. And very fortunately, I think, they found that 81 percent of the households use the food supplement package to feed all the members of the family. Thus even in poverty and degradation, there's still some charity and sharing.

Early in the deliberations of our committee, it was agreed that although it had not yet been demonstrated that the WIC food supplement had an impact, either positive or negative, on the nutritional health of participants, it should at this time be possible to accomplish this mission. The nutrition-related health problems of the present-day poor who are participating in the WIC program have been defined with sufficient specificity by this time, that it should be possible to demonstrate any impact on these very specific problems in the population participating in the WIC program.

And we agreed at the onset that any evaluation activity must contribute benefits to both the recipient and those of us responsible for the program; evaluation efforts have to be compatible with the day-to-day functioning of the clinic and the programs. Clearly defined questions certainly can be asked. Answers meaningful both to the participants and to program management should be possible to obtain. We've had enough experience with surveys in the past eight years so that poorly planned, ineptly executed evaluations which are abusive and wasteful can no longer be tolerated. The WIC program can be meaningfully evaluated.

So, in closing I would urge all of you to be critically aware of surveillance of nutrition-related health in this country, to plan and demand effective programs to meet needs that are now identified and are specific and are documented, not the needs of emotional or politically expeditious desires of even well meaning, uniformed program planners.

IV. Workshops Discussions and Recommendations



"This Symposium brought local people together who have never talked before . . ."

A workshop participant



"I thought I knew a lot, and that we had a good program, but this meeting has shown me a lot!"

A workshop participant



IV

Health and Nutrition Issues

I also stress the importance of maternal malnutrition and infants' malnutrition as probably a principal cause of the high infant mortality in the United States, because this produces low birth weight babies. The low birth weight babies in this country account for approximately two-thirds of our excess infant mortality. Programs like the WIC program, if properly carried out, providing adequate diets not only during pregnancy but between pregnancies would have a dramatic impact on infant mortality.

Dr. Philip Lee

Director, Health Policy Program
School of Medicine, University of California
Senate Select Committee on Nutrition and
Human Needs Hearing
July 27, 1977

The purpose of the WIC program is to provide pregnant and nursing women and their babies and young children with a nutritionally valuable food package. It makes available at the same time both nutrition education and access to health care so that the food will be well used and become part of better food and health habits for the whole family.

At the Symposium a number of working groups considered the content of the food package, the importance of breastfeeding, and the way the nutrition education and health aspects of WIC are working.

The Food Package

The WIC food package is made up of a limited number of foods designed to increase the nutrients known to be lacking in the diets of women and children at nutritional risk: high-quality protein, iron, calcium, vitamin A and vitamin C. USDA has designed a package which includes iron-fortified infant formula, milk, and/or cheese, iron-fortified breakfast cereal or infant cereal, high-vitamin fruit juices, and eggs. States and local agencies may use less than the whole package, prescribing parts of it rather than all of it, but they may not add new items.

An evaluation of some aspects of WIC done by The Urban Institute reported in April, 1976, that the foods are generally well accepted.¹¹ Nevertheless, the food package remains one of the most controversial aspects of the program. Many participants felt strongly that state or local programs ought to be able to prescribe their own food combinations within certain criteria.

The workshops produced a good deal of disagreement as well as the following recommendations:

- Some items should be introduced earlier: juices from birth, cereal from three months, whole milk and evaporated milk from 6 months. Infant cereal should be used only until 6 months.
- A wider variety of infant formula should be available for babies with special dietary problems. Formula should also be available for children over one year who continue to have special dietary needs.
- Alternatives should be found for the milk in the adult package. Peanut butter and dried beans were suggested.
- Breastfeeding should be vigorously encouraged.
- Guidelines should be developed for the proper use of the food package for infants, and for young children, especially in regard to the amount of milk they ought to drink.
- USDA should change its policy of basing administrative budgets on food costs incurred.

The question of cereals produced considerable disagreement. Some participants felt strongly that no WIC cereal should contain more than 15 percent sugar. Others thought that unimportant. Some felt that the iron fortification requirement was too high, and should be reduced to 25 percent of RDA in order to include a wider variety of cereals as well as 100 percent whole grain cereals. Others opposed reducing the iron requirement. A petition was circulated favoring less sugar and iron fortification in cereals, which is intended for presentation to USDA.

The proposed final regulations which USDA issued in February, 1977, following the Symposium did not make any recommended changes in the food package except to adjust the infant formula requirements in a positive way.

Breastfeeding

The workshops that discussed breastfeeding were based on the broad consensus of WIC advocates and professionals that breast milk is the superior infant food. All those involved with WIC have a responsibility to support breastfeeding. Specific recommendations were:

- There should be a breastfeeding advocate on the Council on Maternal, Infant and Fetal Nutrition.¹²
- All professionals involved in the WIC program should receive scientific information regarding breastfeeding. Positive in-service training ought to be given to physicians and nurses.
- Commercial infant formula should be removed from all hospitals in the country; distribution of free formula should be prohibited. WIC professionals should be advised about

conflicts of interest arising from accepting gifts from formula companies.

- La Leche League should be used as a resource for materials and to promote breastfeeding in WIC clinics.
- WIC funds should be earmarked for prenatal nutrition education, including the value of breastfeeding. USDA should spend money to develop factual and attractive materials, including non-commercial posters, films and pamphlets. New participants in the WIC program should be immediately introduced to the advantages of breastfeeding. Discussion groups and distribution of literature should be organized. New mothers should not automatically be given formula, since it tends to discourage breastfeeding.
- Nursing mothers should receive vouchers for additional nutritious foods beyond the WIC food package, including fresh fruits and vegetables, to meet their greater nutritional needs.

In general, participants felt that while nutrition education in WIC programs favored breastfeeding, too little is being done to promote it in imaginative and forceful ways.

La Leche workshop leaders summarized the advantages of breastfeeding as follows:

Breast milk has twice the cholesterol content of cow's milk, which helps the infant develop physiological mechanisms to handle cholesterol later in life.

Breast milk carries antibodies which pass immunities to infections from the mother to the baby.

Colostrum in early breast milk is rich in immunity factors.

Allergies are less likely with breast milk. Although if a mother eats eggs, milk or seafood and the baby is allergic to them, it may react.

Babies of both low and high birth weight even out to normal more frequently when fed with breast milk.

Bottle fed babies tend to be held always on the same side, which makes for uneven eye muscle development; breastfed babies are held on alternate sides.

Breastfed babies develop better facial muscles and teeth. They do not go to sleep with the bottle, which can lead to caries.

There is better maternal bonding with breastfeeding.

Nutrition Education

In the early years of WIC nutrition education apparently did not meet with great success, according to the findings of The Urban Institute study.¹³ The workshops on this topic were among the best at-

tended of the Symposium, as participants tried to define the proper goals of nutrition education, and the best ways to implement it. Now that this component of the program is directly funded, new ideas and better evaluation is clearly in order.

A basic question asked in one workshop was: is it realistic to expect to change the food habits of participants? The answer was a qualified yes, although some WIC recipients cannot afford to eat an ideal diet much of the time.

A good many examples of techniques of nutrition education were brought out: the importance of taking account of the diet history to determine a client's likes and dislikes before counseling; the relative merits of single versus group counseling; the importance of having simple printed materials that are not too sophisticated.

Nutrition education for children seemed very important; projects have tried puppets, magic shows, humor, balloons, games like "taste and tell", and even dressing up like a cheeseman! Another group that is hard to reach is teenage mothers, who need lots of help and "down to earth" information on the effects of diet and pregnancy.

A witness that [we had] before us in a set of hearings a few years ago, Margaret Mead, confirmed to me that [nutrition] is the only field of human endeavor in which the population as a whole has regressed. We've forgotten the things we knew, and we've learned bad habits that are contributing to poor health in this country. When even doctors give as little attention to it as they do, we need a more effective and realistic nutrition education effort.

Senator Charles Percy
at the Symposium

Workshops on nutrition education made the following recommendations:

- **USDA should adopt for the WIC Program the dietary goals set forth by the Senate Select Committee on Nutrition.**
- **USDA should also issue nutrition education guidelines and expectations, set a required number of nutrition education personnel according to caseload, develop a nutrition education surveillance program, and make more administrative funding available for these purposes.**
- **A clearing house for nutrition education materials should be started; USDA should take a large part in developing materials.**
- **States should monitor and provide technical assistance about nutrition education.**
- **At the local program level, many steps can be taken to improve nutrition education:**

Professional nutritionists can supervise the training of paraprofessionals, who would concentrate on food and health information rather than sophisticated refinements.

Each pregnant woman should have a nutritional assessment and plan made by the nutritionist on the initial visit to the clinic, followed by appointments for education in a group setting.

Children in WIC should receive nutrition education as well, as they are forming eating patterns for their lives and should be exposed to healthy foods and variety.

Food habits can be changed through a consumer approach rather than a nutrient approach.

Nutrition education should be personalized to meet the physiological, psychological, cultural, financial, and ethnic needs of WIC recipients.

Greater emphasis should be placed on breastfeeding.

Where there are waiting lists, nutrition education can begin even before recipients enroll in the food distribution plan.

Community resources should be mobilized around nutrition education: home economics students, teachers, senior citizens with food skills, homemaker groups, garden clubs, etc.

WIC recipients should be informed of other food resources such as food stamps or free and reduced price school meals.

In America the health care system frequently encourages dependence. The nutrition education component of WIC can encourage self-reliance and responsible food choices, helping people to understand that diet is under their own control and their choices can make a difference to their lives.

WIC and Other Health Programs

The issue in these workshops was how to integrate WIC programs with other health and social services in the community, and how to make sure that WIC participants are taking advantage of all the services they need.

Three local groups gave presentations: the North Central Florida MIC Project (a multi-county federally funded health clinic); the Allegheny County Health Department project in Pittsburgh which covers a large city and county area and coordinates all the health facilities in the area including private physicians in the delivery of WIC; and the Louisville-Jefferson County Health Department project in Kentucky which emphasizes total health care for participants.

Each of these projects demonstrated the benefits of good cooperation and coordination. Medical problems are discovered in one program component that might not have been otherwise. Women tend to come in earlier for prenatal care. Some health visitors can do WIC certification in the course of other duties, or (as in Wisconsin) a WIC clerk can be trained in food stamp certification and carry applications on home visits. Officials in each program can coordinate and publicize a variety of needs and benefits. Referrals beyond health problems to social service agencies is also an important part of a coordinated program. In these projects WIC is treated as a "health program with a food component" and takes its proper place in broader health care.

Some workshop participants pointed out that they do not enjoy such positive relations with health facilities and private doctors, who may think of WIC as a "giveaway" program. Also some health departments are less interested in nutrition and give less support and cooperation.

Our WIC Program in Vermont is tied in very heavily with our public health nursing division and so we do a lot of WIC certification and see a lot of WIC clients in Well Child Conferences. They are spread out very thinly, and Vermont has some curious geography and curious weather, so we have those things to deal with. But we're tied in very closely with them and the EPSDT Program. We outreach for each other.

Pat Hennessey
Vermont WIC Program
at the Symposium

And other questions arose: if WIC programs do screening, does this duplicate other screening programs, and further fragment the health care system? What happens in areas where there are no adequate health care facilities with which to integrate? Some participants proposed that federal regulations should require the recipients of WIC to be enrolled in a health care clinic; however, others felt strongly that enrollment should not be a prerequisite for participation in WIC. Others worried about what would happen if there were only poor facilities available. And what happens in programs that do not have a fully developed health care clinic at hand when WIC screening discovers a medical problem that food and nutrition advice cannot solve?

Recommendations from these workshops were:

- **The name of the WIC program should be changed to the Nutrition Intervention Program for W.I.C. Health Care.**
- **WIC benefits should be included in any new health programs such as national health insurance.**
- **Each WIC program should have a strong public relations component which works with other social and health programs as well as private physicians.**

- **WIC programs should concentrate on good communications and relations with other health services within their own health facilities.**

We still have an uphill fight to make the medical industry in the United States more responsive to the problems related to poor prenatal and infant care. The health profession in this country is an 80 billion dollar a year industry, almost as much as the defense industry, yet research studies show that the incidence of poor health, particularly in our Appalachian counties, is actually becoming more common. Federal remedies designed to make the medical profession more responsive to impoverished Americans still continue to benefit doctors more than patients; tax dollars are being poured into the personal coffers of medicare doctors by the hundreds of thousands of dollars each year.

Congresswoman Shirley Chisholm
at the Symposium

WIC Program Administration

Although the basic question of forcing USDA to release the funds authorized by the new legislation had occupied major time and energy during 1976, Symposium participants had many other administrative issues on their minds. Workshops at the meeting divided up into discussions of reallocation, flexibility of delivery systems, possible eligibility guidelines, rules about local sponsors, administrative practices at the national and state levels, exceptions for serving Indian and migrant populations, and special problems which require different approaches to rural and urban programs.

Many of these discussions revolved around the failure of USDA to issue final regulations for the first 16 months of the legislation. USDA officials came to the Symposium prepared to discuss the proposed final regulations which did at last appear two weeks later. Some of the regulations reflect recommendations from the Symposium, but a few serious problems remain. The comment period for reactions was set from February 11 to March 28, 1977; USDA received comments from over 300 people. The final regulations are expected to appear in the Federal Register within 3 months and will set the framework for administration of the program for the next year and a half.

The Reallocation Process

The issue of reallocation of unspent funds is both complicated and controversial, but the basic questions are how much money is available and who should get it? The court order in *Durham v. Butz* partly answered the first question, dramatically increasing the total WIC budget from \$250 million to approximately \$306 million an-

nually. Although many states participated in the increase, other states who were left out complained that the Title V Maternal and Child Health formula on which the reallocation was based unfairly discriminated against urban areas and should be replaced by some fairer alternative formula.

The present problem is that most states were not able immediately to gear up programs to use all of their August allocation, especially because other aspects of the program were so uncertain. There is each month a shortfall—as little as 5 percent in some states, more than 50 percent in others. That shortfall is continuing to accumulate. USDA is obliged by the court order to see that the unspent funds are recaptured and redistributed in such a way that all of the appropriated funds will be spent by October, 1978.

USDA officials at the Symposium suggested that a quarterly reallocation system would be adopted. Debate followed in workshops, frequently marked by disagreement between participants and USDA and among participants themselves. Ten days later on February 4, 1977, USDA issued a memorandum to the regional offices outlining the first quarterly reallocation of unspent funds from the Transition Quarter (July-September, 1976).

To elaborate, the issues in reallocation are these:

1) How and when will poorly performing states have their funds taken away and redistributed to others? The USDA February 4th memorandum proposes only to reallocate past unspent funds at this time, but it did not rule out future reduction of budgets for low spending states. Many participants recommended taking away surplus budgets from states, after giving plenty of advance warning.

2) Which states will be eligible to participate in the reallocation of recaptured funds? USDA determined that 19 states spending over 65 percent of their budgets would receive a share of the first reallocation. The cutoff level is to rise 5 percent in each quarter until it reaches 80 percent.

3) How will performance be established? USDA suggested an average of monthly performance during the quarter; participants recommended using the highest month in a quarter instead. Participants also recommended that state agency officials be invited to sit in on fiscal meetings.

4) Will programs for Indians and migrants be treated separately? Many prefer a national rather than a regional policy for migrants, and suggest working with the Department of Labor to acquire accurate migrant trend data. The USDA policy of treating Indian groups as state agencies, and giving them priority funding was generally supported.

5) How promptly will the reallocation determinations occur? Many participants were disturbed by the delay in USDA action. The first quarterly reallocation, distributing

unspent funds from the TQ (June-September, 1976) was not announced until February, 1977, although it was retroactive to January, 1977. Everyone agreed that prompt reallocation is essential.

6) How will reallocated funds be apportioned among the eligible states? The present USDA policy is to use the Title V formula for distributing the recaptured funds among those states which are performing well. Some participants question the equity of that formula, because it favors states with a greater proportion of rural and low-income residents. No formal recommendations for alternative distribution formulas came from the workshops, however.

7) What will happen to the "Hold Harmless" states? When new budget allocations were made in August, 1976, USDA announced that no states were being reduced below the caseloads authorized in the announcement of the previous April. In fact, due to miscalculation, ten states did not have sufficient funds to meet that caseload projection. USDA later announced that it would honor its guarantee. The first quarterly reallocation in February, 1977, again did not guarantee that level for some of the ten states; however, USDA has said that if any reach that caseload level within the quarter they may draw on advance funds against the next quarterly reallocation.

The whole issue of reallocation is a complicated one, caused by the illegal impoundment policy of the Ford administration. Even with the best intentions, it is difficult to design a reallocation system that will accommodate the different situations in different states. The Children's Foundation and the network of people represented at the Symposium share deep concerns about the effects of the system proposed on February 11th by USDA and will continue to monitor its results.

Delivery Systems

In the WIC pilot program the design of delivery systems was intentionally left to the states. Some states chose to develop a single statewide system, e.g., California's voucher system, Vermont's home delivery system, or Mississippi's warehouse system. Other states such as New York and Virginia left the delivery option to the local programs.

Over the course of time three basic systems emerged: (1) a home delivery system in which all the foods are brought to the recipients; (2) a voucher system, either negotiable or non-negotiable instruments which could be used in retail stores; or (3) a central warehouse or depository system in which recipients come to collect the food. Some of the systems are by now quite sophisticated computerized operations, others remain simpler and are manually accounted for.

The original WIC legislation mandated evaluation of the administration of WIC, which was contracted to The Urban Institute. Their report was issued in April, 1976,¹⁴ and had a useful comparison and analysis of the merits of different food distribution systems. It found in summary that direct distribution systems have the advantage of low cost, high control against substitution, and the presence of participants at the clinic to receive nutrition education and health services; disadvantages are the cost and inconvenience of travel for participants, and occasional lack of stock or inability to handle perishable food. The home delivery systems are the opposite: more convenient to the user and more able to handle fresh foods but with higher administrative costs and more difficulty in reaching participants with nutrition education and health services. Retail purchase systems have an inevitably higher food price, an intermediate administrative cost, and a modest burden on participants; substitutions are more common, but since clients must come to the clinic for vouchers the education and health care aspects can be emphasized at that visit.

In the Symposium workshops many aspects of distribution systems were discussed: cost effectiveness, sensitivity to local needs, monitoring and evaluation problems, response from clients, merchants and staff, and the need for flexibility. Some stressed that an unworkable system can reduce participation not only through its inefficiency, but also because the nurses or clerks who administer it may find it so unmanageable that they pass their ill feeling on to clients. Unpleasant encounters at the clinic or the store can keep people away from the program.

Symposium participants agreed that different situations call for different systems. Workshops featured descriptions of many local programs:

- In Vermont, a basically rural state with a need to support its dairy industry, the food is distributed through local dairies on their regular routes. Food costs compare favorably to retail purchase systems.
- One New York City program uses previously unemployed men in its home delivery system, a method designed for maximum community involvement.
- Tennessee avoids a service charge to the bank which handles the WIC account by putting all its business in one bank.
- The computerized voucher system in Washington was designed by a private management firm, and provides the state with computer print-outs to give information on every issued voucher. Other states have used this system as a model.
- The Sunset Family Park Health Center in Brooklyn uses a neighborhood cooperative as the distribution point; clients take vouchers there to buy WIC foods.

- The Appalachian Regional Hospital program in Hazard, Kentucky, uses a combination of two systems: Because nearly half of the clients have no transportation and would have to pay very high costs to neighbors to go to the store, all perishables are delivered; non-perishables, which can wait for a more convenient trip, are purchased from stores with vouchers.

The recommendations from workshops were as follows:

- **Statewide delivery systems should not be mandatory.**
- **USDA should provide assistance and grants to states and local projects to improve or change delivery systems as appropriate.**
- **States should develop systems which (1) spend the smallest amount of money possible for an accountable system; (2) make the most of the health and nutrition education aspects of the program; and (3) keep in mind the need of participants, sponsors and merchants.**

The proposed final regulations issued by USDA in February move toward uniform state food distribution systems. Within 10 months after the regulations become final, states will be required to have a uniform system, but exceptions may be granted for a local program on the request of the state when "state and local circumstances prevent operation of a uniform food delivery system". Although most participants in the Symposium opposed that trend, one workshop pointed out that getting the state to handle all the accounting, legal and mechanical aspects of the system would free local agencies to concentrate on health care, nutrition education and the medical aspects of the program. The Children's Foundation comments to USDA state opposition to imposing uniformity in states where a variety of programs are already working well and efficiently.

Eligibility Guidelines

Because few states or local projects have reached their caseload ceilings, the difficult problem of establishing priorities and targeting limited funds on the neediest women and children has so far not been a pressing issue. The Urban Institute study published in April, 1976, documented that nine percent of WIC recipient households in the sample reported incomes of \$10,000 or more. Such families participate legally at sponsoring clinics in needy areas which have no, or rather high, income cutoff criteria for free or reduced cost health care. Since so many sponsoring agencies are health clinics which do not limit their care to families in poverty, eligibility for the WIC program has been defined as often in health terms as in poverty terms.

The legislation gives broad authority to "competent professionals" to determine the eligibility of participants, within areas or

among members of populations determined to have "significant numbers of infants and pregnant and lactating women at nutritional risk." The characteristics to be used within low-income populations are whether potential participants have known inadequate diets, high incidence of anemia, high prematurity rates, inadequate patterns of growth, or a history of high-risk pregnancy.

Workshops at the Symposium had vigorous, and sometimes unresolved, discussions about whether there should or should not be national guidelines for eligibility. Some participants thought so, others thought that states should be allowed to establish a nutritional risk "code" which would include income, health tests, and diet history information. At the least, participants thought, if federal guidelines established an income ceiling for eligibility, states should have the right to set a lower standard if they preferred.

The income definition has always been troublesome where state health departments provide free care to all residents of an area. In the WIC program low income is defined as being eligible for free or reduced price medical care; in some states this means participating in AFDC, in others it means qualifying also as "medically needy". There is some controversy over whether poverty alone is a sufficient definition of nutritional risk. Those who feel that it is tend to place heavy emphasis on the preventive nature of WIC: families in poverty may not show medical evidence of malnutrition but are susceptible to it all the same. Dr. Alvin Mauer, a member of USDA's National Advisory Committee on Nutrition Evaluation took this position at the Committee's September, 1976, meeting, stating that if poor nutritional intake, poor growth rates, or low hemoglobin counts are used exclusively for eligibility determination, the program may only offer a remedy to women and children already suffering the effects of malnutrition and may fail to prevent those effects. Others take the position that to establish income criteria will turn women and children away from the program regardless of their health needs. As a Tennessee participant observed, "If income guidelines are necessary to preserve the credibility of the program, then the question of income should only be raised after a client's health needs have been assessed, and the guidelines should only require a simple declaration of income." Some also feel that a broader based program, rather than a "poverty program" is more effective; some health directors oppose limiting their work to low-income families. And others feel that the cost of determining income eligibility is so high as to be cost ineffective.

Some discussion also revolved around the best kind of nutritional or health assessment to be used in conjunction with income factors. Some preferred laboratory measurements, others had more confidence in diet histories. Some felt that a multiple index would be the most useful. But a strong theme running through all the discussion was the need to maintain WIC as a preventive program.

Problems of geographic boundaries also got some attention. Where families use a clinic for health services, for example, they ought to be able to participate in the WIC program there if otherwise eligible even if they are in the "wrong" area. In urban areas the boundaries of service areas are sometimes arbitrary, and restrict participation. A participant from Missouri suggested working through the Health Service Agency umbrellas to be sure that all qualified recipients of health services and WIC were served in the most sensible place.

As some states reach their capacity under allowed budget and caseload restrictions, the problem of priority rankings for potential participants becomes more severe. Nobody wants to face the need to take an eligible recipient off a program in favor of a "needier" person. Arizona has tried a system of "graduating" participants who appear to have improved their nutritional status, but the reaction was predictable: a participant told the administrators that "nobody cares about you unless you are half dead". The only proper solution to this dilemma is entitlement funding for the program.

Recommendations from the Symposium include:

- **Eligibility emphasis should remain on medical/nutritional need as well as income criteria.**
- **Determination of nutritional risk should include a comprehensive assessment of health status including anthropometric and clinical data and 24 hour recall as well as diet history.**
- **High priority should be given to adolescent pregnant women.**
- **Infants of mothers who were at nutritional risk during pregnancy (whether or not they were able to participate in WIC) should be brought into WIC for at least a year after birth no matter what other medical data are available.**
- **The cost of assessing nutritional risk should be an allowable administrative cost, since this is important in developing priorities.**
- **WIC is a preventive program; eligibility criteria must not restrict participation to those with established nutritional diseases.**

The regulations proposed by USDA in February establish a ceiling of 195 percent of poverty for WIC participants and require determination of nutritional need through a series of tests and measurements. They establish priorities among eligible participants as well as standards for certification and recertification.

The Children's Foundation has taken exception to those parts of the regulations, recommending instead a more sophisticated division of priorities according to additional gradations of need, and objecting to the standards for recertification which appear to require

dropping people from the program (even when maximum caseloads are not reached) who do not display overt signs of nutritional risk. Again, the preventive rather than remedial nature of the program seems to have been obscured by the proposed rules.

State and Local Administration

The Symposium created the first opportunity for state WIC administrators to meet together. Twenty-six of them attended, along with representatives from the state office in four additional states. Thus the contact among them, as well as between state and local administrators, generated much useful exchange.

Program administration varies a great deal from state to state. The size of state WIC staff varies. For example, in two states with comparable budgets, one state WIC staff includes three people while the other includes eleven people. Several factors including the attitude of the state health department toward nutrition influences the size and status of the WIC staff. States also have discretion over dividing the administrative funds (25 percent of the food costs) between state and local responsibilities. Some states give a fixed amount to local agencies; others allow the allocation to vary with food costs.

A major theme running through all the Symposium discussions was the need for more communication between regional offices and the states, and between states and local agencies. Everyone felt the need for better technical assistance and guidance, and in particular for prompt information and clear guidelines about program operation.

State administrators were concerned about the impact of the swine flu campaign, which diverted resources from other programs; about the difficulty of hiring staff in view of personnel freezes; about lack of support from their health departments; about difficulties which may arise from the new mandate to impose a uniform delivery system statewide; about the role of federal auditors, and in particular about whether fiscal auditors should be involved in program areas such as the assessment of nutritional risk; about how to reach caseload; and about the difficulties of documenting all WIC expenditures.

Symposium participants also worried about the lack of support from most regional offices, and recommended more guidance on nutrition education; special caseload allocations for migrants; an appeal process so that local agencies could have some recourse in the case of negative decisions by state agencies; more regional meetings which would include local as well as state representatives.

Local administrators recommended more start-up funds, and especially administrative grants for new projects with low participation. They asked for more statewide meetings to share ideas and resources and more training programs like Arizona's work

with paraprofessionals. They wanted states to act more promptly in approving new programs and to exercise better precautions about vouchers delayed or lost in transit. People in some states complained vigorously about the lack of support and communication from their state administrators; others outlined good examples of state technical assistance.

The provision for administrative costs was clearly a serious problem. Because it is based on food costs, it fluctuates from month to month, and makes good administration difficult. Small programs have difficulty, especially in the beginning, when the costs of getting a program under way are the highest. Representatives of local groups shared techniques for finding in-kind services and stretching limited funds.

Many participants also felt that states should exercise more promptly their prerogative to redistribute funds among projects within the state, so that those with momentum could have higher caseloads and those which were not performing well did not waste the funds.

Special Administrative Situations

In urban areas

WIC sponsors in cities clearly feel restricted by the geographic limitations on their service areas. This is especially true when clients are using a particular health clinic, and seeing a health team regularly, but do not live in the census tract which would make them eligible for the WIC program operating out of that clinic.

A second serious problem is the overcrowding and understaffing of many clinics. The WIC program requires special time and education components, especially if the food distribution system calls for extra administrative procedures or the monitoring of grocery stores to be sure they provide the correct food. This can be a great burden on clinic staff. Participants discussed the use of volunteers, student interns, senior citizens, and manpower and CETA workers to ease this problem.

Workshops heard presentations by three different urban groups, which gave substance and detail to particular problems and successes: by the St. Louis Human Development Corporation which subcontracts with more than two dozen health facilities through the city; by the Newark program which mails vouchers to over 7,000 participants; and by the Cincinnati program which uses 29 clinic sites to serve 9,000 participants in a home delivery system.

Recommendations from the urban workshops include the following:

- **Boundary requirements ought to be abolished, so that all people who attend a health clinic are eligible for that WIC program.**

- **Local programs should involve community organizations and social agencies to do outreach and follow-up work.**
- **WIC programs ought to be referring their families to other nutrition, health and welfare programs.**
- **Local programs ought to keep other organizations and local elected officials better informed about the WIC program.**

In rural areas

People involved with rural programs tended to be less enthusiastic about state guidance and technical assistance and more interested in appeals procedure which enable them to go directly to USDA when state agencies were not supportive. In these workshops many objections were raised to the delay which states cause in approving applications. In the proposed regulations states have final authority to approve projects in accordance with their affirmative action plan. There is, however, a provision that local agencies can appeal a decision to USDA.

Other major issues were the inevitable problems of transport, and the potential for using private physicians in places where no health clinics operate. Those at the Symposium from rural areas were strong supporters of non-traditional health facilities to sponsor WIC programs. The proposed regulations are not responsive to this need in that they give first priority to public or private nonprofit clinics and only thereafter to subcontractors.

For Indian populations

At present USDA allows only tribes recognized by the Department of the Interior or the Indian Health Service to contract directly with USDA to run WIC programs as "separate state agencies." One recommendation from the Symposium was that Urban Indian Health Boards and other tribally sanctioned but non-reservation groups be allowed the same option.

A legal problem which may arise is that such non-reservation Indian groups are meant to serve Indian populations, but if they operate in an urban area they would perhaps be discriminating under the law if they served only Indians. More legal advice was sought on that point.

The workshops recommended that there be three ways of funding Indian programs: (1) direct USDA grants to Tribal Councils, Inter-Tribal Councils or Urban Indian Health Boards; (2) Indian Health Service Contracts to tribes; or (3) state grants to Indian groups. They recommended further:

- **that the Indian Health Service work as an advocate for Indian WIC programs and Indian groups interested in starting WIC programs;**
- **that WIC work with the Indian Health Service to develop a food package for Indians; and**

- that nutrition education materials be developed for Indian populations.

For migrant populations

The most important point raised in the workshops on migrant populations was the recommendation that there be a national WIC certification process, so that migrants can move from one program to another without having to be recertified at each site.

In addition, participants felt strongly that each state should be required by USDA to include an allocation for migrants, taking account of the seasonal fluctuations in caseload. They were concerned that the quarterly reallocation process would not sufficiently allow for this variation.

Participants felt that USDA was not doing all it should to bring WIC to migrant families. USDA, with the help of the Labor Department, could identify migrant populations and their movements and give states technical assistance in including them in programs. But advocate groups must also work hard at outreach and referral and dissemination of information on a regional or national level. It is difficult for local programs to take account of transient populations without help from USDA, states and advocate groups.

Workshop participants expressed their concerns in a letter sent to USDA immediately after the Symposium. They made plans as well to submit collective comments on the proposed regulations from the point of view of migrants.

Preserving the Supplemental Food Program (SFP)

It was the policy of Secretary of Agriculture Earl Butz and the Ford Administration to get rid of the SFP. No new programs have been authorized since 1970, and many have been forced to shut down or convert to WIC.

The administrators and participants in the remaining 44 programs in 14 states are deeply committed to the preservation of their programs. They are forced to spend far too much of their time struggling to keep SFP alive instead of doing outreach and expansion. The Symposium provided the first opportunity for representatives of these programs collectively to discuss their problems and their goals. People from New Orleans, Detroit, San Francisco, Denver, the District of Columbia and Omaha gathered at the Symposium, and also met with Congressional staff. Their discussions made the following points:

Why some communities prefer SFP to WIC

- Many prefer the food package; it includes more canned fruits and vegetables, a more nutritious range of foods.
- The administrative costs are lower, ranging from 2 to 8 percent, so that more people can be reached for the same budget dollar.

- The food costs are lower, because USDA buys in large quantity and not at retail prices as WIC does.
- Children can be fed one year longer, up to age six, when they go to school and can participate in school food programs.
- Because there are no vouchers, just special distribution centers, there is less chance for fraud and less identification of recipients as welfare people.
- Where programs already have demonstrated their worth for many years, it would be confusing and wasteful to switch.
- Health departments and supermarkets pressure for WIC because they get the administrative overhead, but people often prefer SFP.

Some unique features of SFP

- The largest single maternal and child feeding program in Detroit, where 35,000 are served, makes extensive use of volunteers to keep community support and to keep costs down.
- The administrator of the Omaha program is a former welfare mother.
- The San Francisco program is confronted by the challenge of operating in 4 languages and does so successfully by using neighborhood groups and workers.
- In other words, because the program has not had 100 percent federal funding it has been forced to be more creative locally in putting the program together; while this limits the program, it has had some positive results.

The need for parity and expansion

SFP program administrators expressed strongly at the Symposium their objection to the emphasis on WIC and to USDA's efforts to eliminate SFP in favor of WIC. They support legislation providing comparable administrative funds for SFP but were quick to point out that excessive new regulation might hamper the program in new ways. They support as well a renewal of USDA's authority to buy non-surplus foods, although it is not necessary at this moment because there are again surpluses available.

Recommendations

Participants at the SFP workshops recommended:

- that Congress pass the revised Hart-McGovern bill;
- that monies to continue the SFP be included each year in the USDA budget;
- that communities be given free choice of which program—WIC or SFP—they prefer;
- that a coalition of Supplemental Food Programs be organized both to encourage legislation and to keep alert to continuing administrative problems in USDA.

Why must SFP be forced to conform when our current programs are successful, and we have built up so much efficiency and trust?

A workshop participant

Evaluation

To study the results of the WIC and SFP programs is important not only to determine whether such a program deserves national support, but also to discover more about what pregnant and nursing women and young children actually need nutritionally to assure the best possible growth and development of future generations. In addition, of course, proper ongoing evaluation of all aspects of any health or social program is vital to keep performing effectively and efficiently.

Nutritional needs of Americans in general, and of mothers and children in particular, have only recently begun to be studied. Dr. Nathan Smith's speech to the Symposium summarized the available research which preceded the start of the WIC program in 1973.

The findings of the Ten State survey did show that there were indeed many living in poverty who could not afford to buy sufficient food to meet their nutritional needs. It has subsequently been estimated that this may be true of as many as 15 or even 20 percent of the American people. Of particular interest, and a fact that many still refuse to accept even though every subsequent study has documented it in greater detail, is that the low income family buys food of the same nutritional quality as the upper income family. Only for obvious financial reasons, they buy less of it.

Dr. Nathan Smith
at the Symposium

The legislation establishing the first WIC pilot program mandated an evaluation of the nutritional benefits of the food assistance provided in the program. That evaluation conducted by the University of North Carolina was a subject of controversy from the beginning,¹⁵ and since its release in July of 1976 has been criticized by some for the method in which the data was gathered and analyzed. It is unfortunate that USDA allowed its major evaluation study to be one in which there is some lack of confidence, as this opportunity for documentation could have afforded a highly important contribution to knowledge. The results are, however, interesting and promising, concluding that as a result of participation in the WIC program:

- There was an increase in height, weight, and head circumference among participating infants;
- There was a reduction in anemia for mothers and infants;

- There was an increase in mean corpuscular hemoglobin concentration for infants and children;
- There was an increase in the consumption of protein, calcium, phosphorous, iron, vitamin A, thiamine, riboflavin, niacin, ascorbic acid and folacin by participating mothers;
- There was a relative increase in weight gain during pregnancy by participating mothers; and
- There was a particularly marked increase in the birth weights of minority infants.

In the meantime, several other significant smaller scale evaluations have been produced which document the value of supplemental prenatal nutrition for low income women and infants:

- The state of Arizona examined the health status of women and children under 5 years old participating in their WIC programs during FY 1976. The study documented a reduction in anemia among 81 percent of the children. There were also significant reductions in the number of children who were overweight or underweight for their age or too short for their age. Most important, in just three months high risk women in the WIC program delivered 26 percent fewer low birth weight infants than Arizona women in general.¹⁶
- In Louisiana an important study was done after 15 months of WIC program operation. Because Louisiana is part of the federal Center for Disease Control nutrition surveillance study, data were available for all parishes in the state. Thus parishes with WIC programs could be compared with other parishes, to evaluate the impact of the additional food package. The study examined three indicators in infants and children, and discovered that in WIC parishes there were fewer with stunted growth, fewer who were underweight or overweight for their age, and fewer with anemia. In addition, the immunization levels have increased in WIC parishes compared to non-WIC parishes, and health care workers report that women are seeking prenatal care earlier in their pregnancies.
- The North Central Florida Maternal and Infant Care project presented findings at a Symposium workshop from a 13-county integrated health project which includes a WIC program. In the 18-month period from May, 1975, to November, 1976, the incidence of low birthweight infants dropped from 12-15 percent to 10 percent. Reporters also indicated a change in the attitude of health professionals toward the importance of maternal nutrition.
- The St. Jude's Children's Research Hospital in Memphis, Tennessee, did a careful study on the nutritional benefits of the SFP. St. Jude's began their program in 1969, and surveys conducted in 1972 and 1974 documented significant improve-

ments in heights and weights. The studies also showed that the high incidence of anemia decreased from approximately 25% in 1969 to 11% in 1972.¹⁷

- A study in Montreal sponsored by The National Foundation-March of Dimes examined more than one thousand matched pairs of women receiving prenatal care. It documented that the group which received dietary counseling and supplemental nutrition showed a perinatal mortality rate of 16.9 as against 24.5 for the other group. The infants of mothers with dietary supplements had significantly higher birthweight, with the highest averages for those whose prenatal care began earliest in pregnancy.¹⁸

Workshops at the Symposium discussed not only these positive evaluation results, but also the great need for more, and increasingly detailed and accurate measurement of the effects of food programs. They debated whether income level is the best indicator of nutritional risk, whether local evaluations can be as effective as national ones, the importance of good training and standardized methods of measuring data, and whether the iron or vitamin content of any parts of the food package may be too high. Recommendations from these workshops made these basic points:

- **Local evaluations ought to be conducted on small WIC population samples. They should be done within the next year so as to provide guidance to legislators on renewing the program, but should be conducted continually. A national group ought to set up national standards and measurements and guidelines so that these local studies could be compared and aggregated. Local WIC and SFP programs should work on upgrading the equipment they use in nutrition assessment, and do staff training, so that these evaluations will be of high quality. Local funding should be sought to conduct such studies.**
- **Nutrition education is difficult to evaluate, and should be separately studied. Controlled studies are possible which should include hard indicators of behavior change and attitude change.**
- **Evaluations ought to include records of the number of women who breastfeed compared to those who do not and any changes in that pattern as a result of WIC.**
- **National evaluations can be done as time and money permit but should not replace local evaluation.**
- **The Children's Foundation should circulate descriptions of evaluations widely.**

The 1975 WIC legislation mandated the establishment of a National Advisory Committee on Evaluation. Its purpose is to recommend to Congress and the USDA how the health benefits of the supplemental food program may best be assessed, using accepted scien-

tific methods. Committee members were named in September, 1976 (See Appendix G) and have since met four times. The Committee is drafting a report which will shortly be submitted to Congress.

While national evaluation is clearly important, WIC advocates should not delay the start of local evaluations. Each state should assume the responsibility for organizing statewide evaluations or selecting projects for local evaluations. Such evidence is necessary not only to the future of these particular programs but to the national debate on health and social programs which is now taking place.

Sustaining and Expanding WIC and the Supplemental Food Program

All of the Symposium participants shared a common interest in two basic questions: will WIC and SFP continue as federal programs? Can they be expanded until they reach all the mothers and children who need nutritional help?

It is interesting to me that nobody has questioned the fact that Medicaid and Medicare will pay up to \$1,500 per month in a nursing home for another segment of our population, and yet we are questioned very carefully about what we are spending on preventive health care for each child.

Dr. Donna O'Hare
Director, Maternity, Infant Care and
Family Planning Projects
New York, New York
at the Symposium

Workshops tackled those questions from different points of view, talking about how to organize new programs at the local level, increase participation in existing programs, make advocates effective at the state and local level, and persuade Congress to continue the programs until everyone in need is served.

Legislative Prospects for WIC and SFP

Legislation currently authorizing the WIC program expires at the end of fiscal year 1978. Hearings may be held on the program as early as the summer of 1977. New authorizing legislation would have to be enacted in the spring of 1978. There is no authorizing legislation as yet for SFP, although the Hart-McGovern bill first introduced in 1976 will be reintroduced in the present session of Congress.

Food and nutrition programs have been defended and promoted principally in Congress by the Senate Select Committee on Nutrition and Human Needs. At the time of the Symposium, a new Senate reorganization plan threatened to eliminate the Committee altogether,

I suggest that if the Executive Branch and some of the members of Congress who are proposing changes in our welfare system are going to view all the food programs as one entity, then we must be prepared to do that as well; and we must continue to develop a kind of "militant advocacy" for these programs to preserve them, sustain them at their current budget level, and of course expand them to meet the yet unanswered needs of our people.

Congresswoman Shirley Chisholm
at the Symposium

giving its responsibilities to the Senate Agriculture Committee. Over 60 percent of the USDA budget is devoted to food and nutrition programs, some \$8.5 billion each year. The Nutrition Committee now oversees those programs with a staff of 18 and a budget of \$430,000. The remaining 40 percent of the budget of USDA (\$6 billion) is devoted to farm programs, overseen by the Agriculture Committee which has a staff of 25 and a budget of \$710,000. The new proposal would apparently result in a Nutrition subcommittee of the Agriculture Committee, with a totally insufficient staff of 2 or 3 people.

Some Symposium participants came to Washington a day early in order to take part in a Breakfast Seminar held on Capitol Hill to talk about the legislative future of WIC and SFP and about the problem of disbanding the Nutrition Committee. Later they visited their Congressional delegations to talk about their concerns. Alan Stone, Staff Director of the Senate Nutrition Committee, outlined what advocates need to know and do in order to help the WIC program:

- It is harder to organize around support and expansion of WIC than it is to organize around obstruction, such as vetoes, delayed regulations, mendacity. People will have to work hard over the next year or two to solve state and local problems, to make the program work, and to make it better known.
- Underspensing is understandable, in view of administrative chaos in USDA, bad winter weather, late notification of budget allocations, and so on. But Congress will never expand a program which is not demonstrating that it needs all the money it is now getting. Increases could be incremental, or could go directly to an entitlement program (like all other child nutrition programs) but will go neither way unless available funds are spent.
- There will probably be no radical changes in future legislation, although some issues need consideration: Should the nutrition education component be stronger? What about appropriate evaluation? Can equity among individuals and states be achieved?

- WIC and SFP advocates should talk to their Senate delegations about the importance of the Nutrition Committee.¹⁹

Mr. Stone was joined by Jack Jennings, Majority Counsel, and Charles Radcliffe, Minority Counsel of the House Committee on Education and Labor, which oversees the WIC program. Both spoke of that Committee's support for WIC, and its availability as a forum for hearings and oversight.

I heard from Senate staffs today that the people who went around this morning made themselves heard very effectively there were a lot of people educated as to what the problems are One of the beautiful things about the WIC program is that it has developed a community of advocates ... Last year when President Ford vetoed the child nutrition bill Senator McGovern received over 10,000 letters from WIC people ...

Alan Stone, Staff Director
Senate Select Committee on Nutrition
and Human Needs
at the Symposium

During the Breakfast Seminar and in several workshops, many Congressional staff and participants themselves stressed how important it is to keep members of Congress informed about the program. State directors ought to compile:

- how many women and children are being served
- what the results are in improved health and nutrition
- what programs are operating in which districts
- how many people are on waiting lists
- how many areas in each state or Congressional district are eligible for programs but lacking them

and send this information to Representatives and Senators regularly. The Mid-Atlantic regional meeting recommended concentrating on media coverage, which can in turn be sent to legislators. They also suggested sending case study stories to both state and national legislators ("this family in your district had this problem, solved by WIC or SFP, and we thought you ought to know").

The strong consensus of the Symposium participants was that they need to become more effective advocates at the national level, so that they can move the WIC program toward entitlement and reach every woman and child in need, and so that they can gain new legislation to guarantee and protect the SFP program.

Regional and State Organizing

When Symposium participants met together by regions, or in the workshops addressed to state organizing needs, they all emphasized the value of the exchange of ideas, resources and experiences taking place at the Symposium. **They recommended that**

state and regional WIC officials sponsor similar meetings which would include a wide representation of people interested in the programs. The Midwest group made plans to insist on such a regional meeting. The New England group designed a conference, and worked out the agenda while they were all together. Many of the groups worked on plans for state or regional newsletters, and many recorded an urgent request to The Children's Foundation to keep them supplied with current information and contacts.

All the workshops which I attended were very stimulating ... I came home with several new ideas for possible changes resulting in better and smoother overall operations.

A workshop participant

I personally found the speeches and the workshop sessions to provide needed sources of information.

A workshop participant

There are currently state WIC Committees in Massachusetts, Connecticut, and New Hampshire—and now in Virginia and Pennsylvania as a result of actions taken at the Symposium. In Georgia there is a statewide WIC Campaign.

Workshop leaders used a variety of methods to demonstrate effective organizing methods at the state level:

- One organizer from the Massachusetts Alliance Against Hunger showed a video tape of a meeting of their WIC Advisory Committee, a statewide coalition of advocates, administrators, and WIC participants.
- Two organizers from Connecticut and Massachusetts led workshop participants through a problem solving approach, using a fictional situation.
- The Georgia WIC Campaign director told of her four month organizing campaign.
- The Director of Project FEAD, a Connecticut anti-hunger group, presented a summary of the techniques used to form a statewide ad hoc committee, now officially recognized by the state.

Making state advisory groups effective in influencing state WIC administration policy was another subject for discussion. Advocates might start a WIC newsletter to circulate to all projects in the state; hold monthly meetings; do training workshops; find issues and tasks for people to rally around such as outreach, grant writing and affirmative action rankings; contact nutritionists and other interested health professionals and groups; contact schools of public health for people and information resources; offer assistance to the state health department such as help in writing the state plan; and generally spread responsibility for decisions and tasks throughout the group.

Where state agencies turn down offers of assistance or recommendations from advisory councils, it is vital to find out what authority the decisions are based on. Is it a matter of federal policy, state policy, or arbitrary individual decision? Appropriate pressure can then be organized.

A problem common to many states is how to organize WIC programs in areas with no traditional health facilities. Despite clear legislative and regulatory provisions some states are reluctant to approve non-traditional health facilities, such as Community Food and Nutrition programs, Community Action Agencies, family planning agencies, or community based clinics. Workshop leaders suggested keeping the pressure on states to use such facilities, or to create mobile or traveling clinics operating out of city halls, or to design satellite clinics around an existing WIC clinic.

Recommendations from state organizing workshops included the following:

- **Each state should form its own advocacy group, or subgroups in the larger states.**
- **Funds from the Community Food and Nutrition Program of the Community Services Administration can be used for these organizing efforts, to insure that WIC programs are implemented around the state.**
- **A national WIC advisory council should be organized, based outside of Washington.**

Local Organizing

Workshops on this topic pointed out that food program advocacy groups are useful at the local level for many reasons:

- Local health officials are often not responsive to the health and nutrition needs of low income families. In order to get WIC programs into some communities, local pressure is often necessary.
- Once programs are under way, they need political support from county, state and federal officials; WIC committees can generate such support.
- All public programs should be accountable to local citizens; WIC Committees can monitor programs to insure that they are operating effectively, legally and efficiently, and reaching the people for whom they were intended.
- Federal programs are usually more effective if the people that they serve are involved in making decisions about the program; a WIC committee can see to it that such involvement takes place.

Local organizing has been valuable in many places. For example, the health department in Macon, Georgia, refused to implement WIC when the similar Pilot Food Certificate Program was termi-

nated in March, 1976, until a group of citizens organized by a local attorney brought months of pressure. The program now serves not only Macon, but surrounding counties as well. In Alabama pressure brought by a local citizens organization in conjunction with state groups resulted in a needed change in the delivery system. The Wilcox County Civic League successfully convinced the state to change its policy of one store or chain per county to one store or chain per community. This cut the traveling distance in half for many of Wilcox County's WIC participants.

At the Symposium two workshops presented examples of successful organizing efforts in Georgia to increase participation. In the Coosa Valley Health District (10 rural counties in northwest Georgia) the WIC staff worked with the Department of Family and Children's Services, Head Start classes, PTA groups, family planning groups and hospital and clinic staff to get WIC off the ground. They publicized the program in churches, laundromats, and neighborhood service centers. As a result, the program grew by about 250 participants each month. Individuals involved in the Georgia WIC Campaign also detailed what was done to increase participation statewide from 12,250 in August, 1976 to 21,000 in January, 1977.

Other workshops provided further "how to organize" expertise for participants.²⁰ Their recommendations were:

- **Contact and involve key people in the community to promote WIC. Gain the support of, and be willing to work with local "power" groups. It will require much effort, but effort well spent.**

Consult: day care center directors, nurse-midwives, hospital administrators, medical foundations, March of Dimes, mental health clinics, CAP officers, Y administrators, legal aid staffs, educators, businessmen, dairy operators, retail market owners, other social service agencies, AFDC and Title XX officials, planned parenthood groups, local and state elected officials, welfare rights groups, the League of Women Voters, religious groups, county health commissioners, and the local medical society.

Instead of just sending letters to such groups, try to find a contact who knows someone in the group, so that a personal contact can be made.

Pay attention to the growing role of Health Service Agencies in community health and nutrition planning. Try to coordinate maternal and child feeding programs with other food and health programs.

Develop a one-page fact sheet on WIC to explain the program before a personal contact is made.

- **From these contacts, develop a "core group" who know all about the program, and are committed to spending time to work for it.**

Have a series of meetings to map out strategy. Be sure to include potential WIC beneficiaries in the group. Have specific jobs for volunteers, set goals and timetables one by one, record achievements. Formally establish a WIC Advisory Committee.

- **Get the word out about the program as widely as possible.**

Use day care centers, social services agencies, schools (especially high schools which may help to locate pregnant teenagers) unemployment offices, tenants associations, agricultural extension services, churches, local health clinics, private doctors, and public service announcements on radio and TV and in the press.

- **Include participants, or potential participants, in planning and implementation of the program.**

Participants ought to be very influential in helping to make decisions about what delivery system would work best, and many other matters such as how to evaluate the way the program is working.

- **Keep state and national legislators informed of efforts each step of the way.**

Maintain their interest in the successful outcome of the application process. Send them copies of applications, periodic reports on operation, and case studies of what happened to local families as a result of WIC.

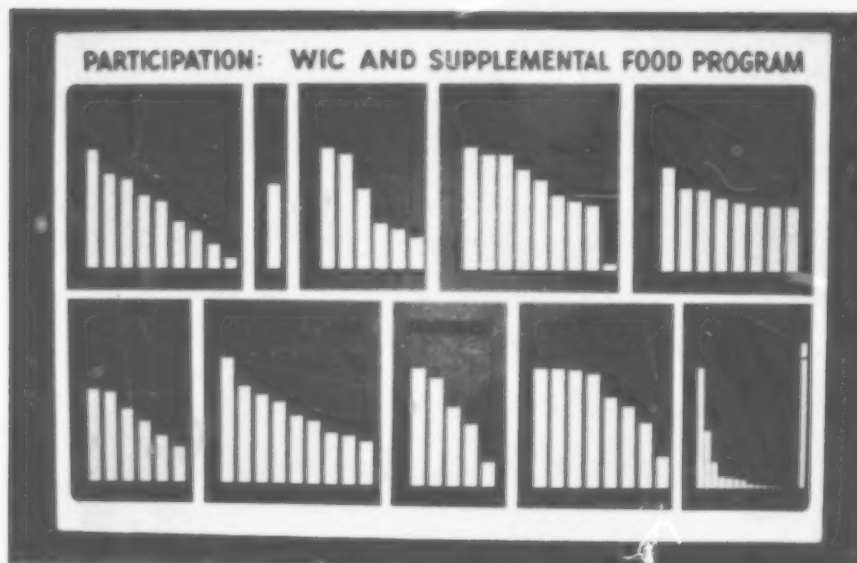
Some of the workshops recommended that WIC Advisory Councils be set up by law at every level: local, state and national. These Councils would have real authority, and be made up of a fixed percentage of program beneficiaries.

Whether or not mandated by law, participants agreed that every locality that has or needs a WIC or SFP program ought to have a local Advisory Council for promotion, assistance in planning and implementation, and monitoring of results.

Increasing Participation

The aim of all the workshops on local and state organizing was to share ideas on how to bring the benefits of WIC and SFP to more of the women and children in need of nutritional supplements.

The WIC program has grown from nothing to over 700,000 participants in just five years. But the odds have been great against growth because the administration of the program has been at best confused and at worst hostile. Now, with a court order to force USDA to spend all the funds, and the final regulations about to ap-



This chart was on display at the Symposium. The key read, "Participation rate equals actual participation, divided by maximum "caseload," expressed as a percentage.

Numerator equals official number of persons participating in WIC according to the USDA Program Reporting Staff, for November, 1976, unless otherwise noted.

Denominator equals estimate of the total number of persons who can be served with the money available. (Official caseload ceilings have been abolished.) The state's dollar allocation was divided by the state's average costs per participant as calculated by USDA in *Basis for Computing 27-Month State Agency Grants*, compiled by the WIC staff. Some states dispute USDA's cost figure as being too low."

For current participation figures contact your state WIC coordinator or The Children's Foundation.

pear, just a year and a half remain of the three years of authorization. During this brief time as many people as possible must be brought into the program—for their own sake, and for the sake of the many others in need who will only be reached if the authorization is increased in the future. The immediate goal is to put all the existing funds to work, which will mean about one-third of the eligible women and children can participate. The ultimate goal is that all who are in need will be included by entitlement.

Those gathered at the Symposium agreed that the responsibility for increasing participation rested at every level. *USDA* should analyze participation by state, reallocate funds promptly and fairly, give technical assistance and administrative help. *States* should analyze participation by project (using their prerogative to switch caseload assignments when and where it is appropriate), and work to generate applications from the areas of greatest need. *Local officials* should work to see that all potentially eligible families know about and use WIC and SFP. *Advocates* should share in the analysis of need, and pressure local sponsors to see that all available funds are well spent.

V. Nutrition Programs for Women and Children: A Proper Place in National Public Policy

We must expand the WIC and SFP programs which are now so vital to so many women and children, and at the same time work cooperatively with many others to shape and improve national income and health policies which will in the future accomplish even more.

*The WIC Advocacy Staff
The Children's Foundation*



V

The purpose of all those gathered at this Symposium was primarily to gain support for two urgently needed programs and to talk together about how to improve them. Those who have seen WIC and SFP in operation know how much they mean to thousands of families for whom there is not enough income to buy the proper food, and for whom there has not been the proper health care during pregnancy and early infancy.

Yet those families, and the many people involved in the two supplemental nutrition programs, know all too well that these efforts, even if they were expanded to all who are eligible, would not be the whole answer to the health and nutrition needs of families.

The WIC and SFP programs provide nutritional supplements to women and young children at a particularly important stage of development. Other federal food programs provide nutrition supplements for children in school, and the food stamp program helps low income families meet their daily food needs. These food programs are all necessary in part because of the failure of the national government to assure adequate employment and income support: job opportunities for all who can work, and, for those who cannot find work or who stay home to raise young children, a decent minimum income policy.

In addition to sufficient income to buy proper food families need comprehensive preventive health care; they particularly need it at the time of planning and giving birth to their children. The great success of WIC and SFP in bringing low income families more closely into the public health care system has, however, underlined the continuing deficiencies of that system. Participation in these nutrition programs involves some prenatal care, and health screening for mothers and children, along with health education. But it does not always mesh that care and screening with other public health programs, nor does it ever guarantee access to full health diagnosis and treatment, nor does it unify preventive health treatment for the whole family. Only a small proportion of poor families have access to decent comprehensive health care through Medicaid or through the Title V Maternal and Child Health Care programs. In many communities there is no proper network of preventive health care services available to all families.

The question therefore on the mind of many participants, and on the minds of many of the speakers who came to talk with them, was: how can those who understand and support WIC and SFP work creatively to make these programs reach more women and children more efficiently, and at the same time work to promote more comprehensive and rational federal policies for income support, food aid, and health care?

The new Administration is clearly considering ways to reorganize the delivery of federal social and health services. Plans are under way for new proposals in welfare, and in health insurance. All of these changes will be based on some assessment of the need of all families for some help. They will be based on some balance between employment stimulation and income support on the one hand, and a range of broadly necessary public services on the other hand.

WIC and SFP advocates have a responsibility to join in this national debate so that new policies will clearly support the basic preventive and nutritional services that are so important. If new or revised programs do not give full emphasis to family income support and family health services, with particular attention to the need for perinatal care and developmental health for young children, then the momentum generated by the WIC and SFP programs will be wasted.

There are at least two possible pitfalls as those who care deeply about maternal and child nutrition approach issues of national policy. First is the danger of too narrow a vision, too strident a defense of a single program, too stubborn a protection of one's "own" Congressional committee—so that alliances with other equally concerned advocates around equally important problems become impossible. The opposite danger is too ready an agreement to rationalize and reorganize in the name of efficiency, in the name of "hard-nosed evaluation", in the name of limited federal revenues—so that people in poverty who are hungry and malnourished and unhealthy lose what few gains they have made.

Maternal and child health advocates understand and work with a fundamental need: helping mothers to produce healthy children who can grow and develop into self-sustaining and productive individuals. This central goal must not be lost in any new or reorganized public policies for families and children. The network of people gathered at the Symposium and the staff of The Children's Foundation have therefore a double responsibility: to carry out and to expand the WIC and SFP programs which are now so vital to so many women and children and at the same time to work cooperatively with many others to shape and improve national income and health policies which will in the future accomplish even more.

FOOTNOTES

1. **White House Urban Affairs Council**, Food and Nutrition Committee, Final Report, March 17, 1969.
2. Fleming, V., **Women and Children First . . . or Last?** The Children's Foundation, April, 1975.
3. **National Nutrition Policy Study**, Hearings before the Senate Select Committee on Nutrition and Human Needs, June 19-22, 1974. **Child Nutrition Programs**, Hearings before the Subcommittee on Agricultural Research and General Legislation, Senate Committee on Agriculture and Forestry, April 21-22, 1975.
4. This USDA policy of forcing SFP programs to transfer to WIC, without transferring any of the authorized SFP funding, was part of an old story of undercutting SFP programs. See pages 13-15.
5. Section 17(d) of P.L. 94-105 states "the Secretary shall take affirmative action to insure that programs begin in areas most in need of special supplemental food."
6. **Durham v. Butz**, U. S. District Court for the District of Columbia, Civil Action Number 76-358, June 22, 1976.
7. Iowa, Louisiana, Missouri, North Carolina and Utah.
8. Fleming, V., op. cit.
9. See pages 11-12.
10. According to the 1970 Census, there are over 3.1 million pregnant women, infants, and children under five who are below the poverty level.
11. The Urban Institute, **Toward Efficiency and Effectiveness in the WIC Delivery System**, April, 1976, Washington, D.C.
12. The Council, established by P.L. 94-105, is responsible for studying the operation of the WIC Program. See Appendix F for the listing of Council members.
13. The Urban Institute, op. cit.
14. The Urban Institute, op. cit.
15. Department of Nutrition School of Public Health, University of North Carolina, **Medical Evaluation of The Supplemental Food Program for Women, Infants and Children**, July 15, 1976.
16. Bureau of Nutrition Services, Arizona Department of Health Services, Quarterly Report, October, 1976.
17. Zee, Paul, M.D., "Nutritional Benefits from Federal Food Assistance . . ." **American Journal of Diseases for Children**, March, 1977, Vol. 131, pages 265 - 269.
18. David Rush, Agnes C. Higgins, Mark D. Sadow, and Susan Margolis, **Dietary Services During Pregnancy, and Birthweight: A Retrospective Matched Pair Analysis**, Columbia University, Division of Epidemiology and Department of Pediatrics, New York, New York, 1976.
19. During the week following the Symposium, the Senate decided to extend the life of the Nutrition Committee, chaired by Senator George McGovern, through December 31, 1977. After that time the newly established Nutrition Subcommittee of the Agriculture, Nutrition and Forestry Committee will be responsible for nutrition issues. Senator McGovern has been named Chairman of the Subcommittee and Senators Humphrey, Leahy, Melcher, Dole, Bellmon and Helms have been named to the Subcom-

mittee. In the House, WIC legislation will continue to be the responsibility of the Subcommittee on Elementary, Secondary and Vocational Education (Chaired by Congressman Carl Perkins) of the Education and Labor Committee. The Supplemental Food Program is overseen by the Subcommittee on Domestic Marketing, Consumer Relations and Nutrition (Chaired by Congressman Fred Richmond) of the Agriculture Committee.

20. For additional information on organizing local groups, write to The Children's Foundation for a copy of "Working for Women and Children First," The WIC Organizing Guide, revised, February, 1976.

Pre-Symposium Activities

Sunday, January 23, 1977

8:00 - 8:00 p.m.
Early Registration
Promenade, Mayflower Hotel

8:30 - 8:00 p.m.
Reception (Cash Bar) and Buffet Dinner
The Tabard Inn
1739 N Street, N.W.

Monday, January 24, 1977

8:30 - 8:30 a.m.
Breakfast Seminar
318 Russell Senate Office Building
Capitol Hill
Transportation information in
registration packet

Remarks:

Alan Stone, Staff Director, Senate Select
Committee on Nutrition and Human Needs
Jack Jennings, Counsel, Majority Staff,
House Committee on Education and Labor
Charles Radcliffe, Counsel, Minority Staff,
House Committee on Education and Labor

9:30 - 11:30 a.m.
Opportunity to meet with Washington
officials

10:30 - 1:30 p.m.
Registration
Promenade
Lunch on your own

1:30 p.m.
Symposium opens
Ballroom

Welcoming Remarks:

Barbara Bode, President, The Children's
Foundation

Gene Dickey, Director, Special Supplemental
Food Division, USDA
John Kramer, Special Counsel, House
Committee on Agriculture

Address:

Honorable Hubert Humphrey, Senator from
Minnesota, Member, Senate Agriculture
Committee, and Senate Select Committee
on Nutrition and Human Needs

Program

2:45 - 5:15 p.m.
Workshop Sessions

6:00 - 7:00 p.m.
Reception (Cash Bar)
Chinese Room

7:00 - 9:00 p.m.
Dinner
Ballroom

Address:

Honorable George Miller, Congressman
from California, Member, House Committee
on Education and Labor

Tuesday, January 25, 1977

9:15 - 10:45 a.m.
Workshop Sessions

11:00 a.m. - 12:30 p.m.
Workshop Sessions

12:30 - 2:00 p.m.
Lunch on your own

2:00 - 3:30 p.m.
Workshop Sessions

3:45 - 5:00 p.m.
Plenary Session
State Room

Remarks:

Donna O'Hare, M.D. Director, Maternal and
Child Health, DHEW
Carol Burns, President, Women's Lobby
Washington, D.C.

5:30 - 8:00 p.m.
Showing of *The Unfinished Child: A Report
on Infant Malnutrition*
State Room

Location of workshops and listings of readers and
key issues of each workshop topic are included
in the Workshop Information Pamphlet found in
the registration packet.

9:30 - 8:00 p.m.

Reception
1202 Divisadero Senate Office Building
Capitol Hill
Transportation information in registration
packet

Wednesday, January 26, 1977

8:00 - 9:00 a.m.
Breakfast
State Room

Address:

Honorable Shirley Chisholm, Congress-
woman from New York, Member, House
Committee on Education and Labor

9:15 - 11:30 a.m.
Regional and State Meetings

Region	Room
New England	Virginia
Mountain Plains	Maryland
Southeast	Pennsylvania
Southwest	Capital
Mid West	New York
Mid Atlantic	Pan American
Mid Atlantic	Cabinet
Western	Potomac

12:00 a.m. - 2:00 p.m.
Lunch
State Room

Address:

Nathan Smith, M.D. Chairman, Advisory
Committee on Nutrition Evaluation

Honorable George McGovern, Senator from
South Dakota, Chairman, Senate Select
Committee on Nutrition and Human Needs

2:30 p.m.
Adjournment

Resource Room

Materials developed by state and local
programs and national organizations will be
on display in the Vermont Room.

January 24 11:30 a.m. - 10:00 p.m.
January 25 9:00 a.m. - 10:00 p.m.
January 26 9:00 a.m. - 4:00 p.m.

APPENDIX B

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APPENDIX D

Resource Room Materials

To allow for the sharing of materials, a resource room was set-up at the Symposium. It was packed with materials from state and local WIC and SFP programs and national nonprofit organizations. The displays revealed a wealth of materials which have been developed and utilized by supplemental food program sponsors. Since there were too many materials to include them all, examples of different kinds of materials have been included. Content was not evaluated for nutritional accuracy.

Generally speaking, state and local sponsors and county extension services possess a wide variety of pamphlets including information on general nutrition, infant and prenatal feeding practices, vitamins and minerals, food buying, and WIC and SFP program operations.

Most local programs have developed their own information pamphlets on what the program is, how it works, where to apply, and who is eligible. Many state health departments have numerous nutrition pamphlets available for distribution. In addition many state health departments have WIC operating manuals which often contain bibliographies of nutrition education materials.

Specific Materials

The Pima County WIC project distributes a participant nutrition evaluation survey, (both in Spanish and English), and sponsors WIC breakfasts, a nutrition learning experience between participants and WIC staff.

You Can Make Your Own Baby Food, one pg. flyer, Spanish and English.

Contact: WIC Program
Pima County Health Department
151 West Congress
Tucson, AZ 85701

Prenatal Sweepstakes, 10 minute, 35mm slide and tape cassette cartoon game story for pregnant women.

La Nutricion Prenatal, 10 minute, 35mm slide and tape cassette presentation in Spanish, discusses Mexican-American and Latino dietary practices.

Prenatal Nutrition, 10 minute, 35mm slide and cassette presentation geared for the black community.

\$75.00 charge for each plus 6½% sales tax. Do not send money; invoice will be sent with film upon completion of order. No charge for preview or loan. Price slightly higher for out of state purchase.

Nutrition During Pregnancy and Lactation, 100 pg. book geared for health professionals, revised 1975.

The California Health Department also promotes an "idea exchange" between state and local WIC project nutrition personnel. Every six to eight weeks the Health Department distributes materials submitted by the "idea exchange" participants. These materials include local and national pamphlets, comments, reprints, reviews, notification of meetings, and presentations of nutrition education plans.

Contact: Patricia E. Jensen, M.P.H.
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Maternal and Child Health
Department of Health
714 P Street, Room 323
Sacramento, CA 95814

Food and Nutrition Resources Directory. This is a model presentation of important information which other communities may wish to imitate. This 50 pg. booklet catalogs health agencies, both public and private, in Marin, San Francisco, and San Mateo Counties according to the food and nutrition services offered. Availability of individual dietary counselling, food resources, and nutrition information are listed for each facility. Eligibility requirements, fees, and capacities are specified. The appendix contains a bibliography of state and national nutrition education materials.

Contact: Mary Stewart, R.D., M.P.H.
Nutrition Consultant
Child Health and Disability
Prevention Branch
Department of Health
714 P Street, Rm. 300
Sacramento, CA 95814

To Your Future Health

Para Su Futuro De Buena Salud, one pg. pamphlets explaining the WIC Program.

Contact: WIC Program
Family Health Services Division
Colorado Department of Health
4210 East 11th Avenue
Denver, CO 80220

How Does WIC Work? WIC Grocers Introduction Slide Series, 34 slides and written narration explaining WIC.

Contact: WIC Program
Maternal and Child Health Bureau
State Department of Health and
Environmental Sciences
Cogswell Building
Helena, MT 59601

The Upper Cumberland Human Resource Agency distributes a one page questionnaire for WIC participants on the food package, delivery system, nutrition education, and outreach.

Contact: WIC Program
Upper Cumberland Human Resource Agency
P. O. Box 713
Cookville, TN 38501

The Texas Health Department has compiled a bibliography of nutrition films in their WIC operations manual which they make available to local WIC sponsors.

Contact: WIC Program, Clinic Services
Division of Maternal and Child Health
Texas State Department of Health
1100 West 49th Street
Austin, TX 78756

All Aboard for Good Nutrition, five panel fold-out train explaining the WIC Program.

A wide variety of other nutrition education materials are available from the Vermont Health Department.

Contact: Vermont WIC Program
Department of Health
115 Colchester Avenue
Burlington, VT 05401

Good Foods For You

10 pg. coloring book for kids.

The Budget Watcher's Cookbook, 27 pgs.

A wide variety of other nutrition education materials are available from the Virginia Health Department.

Contact: Nutrition Services
State Department of Health
109 Governor Street, Rm. 624
Richmond, VA 23219

Solving the Nutrition Puzzle/Resolviendo El Rompecabezas De Nutri-
tion, 50 pg. booklet with poster containing nutrition information and recipes.

Whatcom-Skagit Rural
Opportunity Council
112 Kincaid Street
Mt. Vernon, WA 98273

Some Local Programs and State Health Agencies with Comprehensive Nutrition Education Materials

Bureau of Nutrition Services
Arizona Department of Health
Services
1740 West Adams Street
Phoenix, AZ 85007

D.C. Supplemental Food Program
1875 Connecticut Avenue, N.W.,
Rm. 810
Washington, D.C. 20009
Nutrition Program
Health Program Office
Department of Health and
Rehabilitative Services
1323 Winewood Boulevard
Tallahassee, FL 32301
Office of Community Health
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Green Bay, WI 54303

Materials From Organizations, Universities, USDA, and the Senate Nutrition Committee

Center for Science in the Public Interest

Nutrition Scoreboard Poster 1974, 18 inches X 24 inches, brightly colored poster with ratings for over 200 foods, 1 poster - \$1.75; additional posters, \$1.00 each.

Food for Health Poster Set four multicolored posters entitled "Eat Whole Grains," "Even A Strong Body Can Be Diseased," "Eat Real Food, Avoid Artificial Colors," and "Breast Milk Is Best," set of four \$6.00.

White Paper on Infant Feeding Practices, 1975, examines infant feeding practices in the U.S. with emphasis on the advantages of breastfeeding and problems with commercial baby foods, prepared by a 12-member committee of nutritionists, physicians, and consumer activists, geared for health professionals, \$1.00.

Nutrition Action, a monthly magazine full of ideas for solving food problems in your community. Articles cover issues such as getting wholesome food in vending machines, publicizing food stamps, world hunger, city food policies, nutrition education, as well as book reviews, editorials, and resource lists. One year subscription, \$10.00.

Creative Food Experiences for Children, 1974, 191 pgs., a unique resource book packed with activities, games, recipes, and facts, \$4.00.

Contact: CSPI Reports
1757 S Street, N.W.
Washington, D.C. 20009

Cornell University, Division of Nutritional Sciences

Nutrition During Pregnancy, flip chart teaching aid, \$6.50

Feeding Your Baby, flip chart teaching aid, \$6.50.

12 Lesson Plan + Handouts, notebook \$4.50.

Professional Resources on Infant Nutrition, notebook, \$5.30.

Contact: Cornell University
Division of Nutritional Sciences
Mailing Room 7
Research Park
Ithaca, NY 14853

The National Foundation - March of Dimes

A wide range of nutrition education materials, both printed and audio-visual, is available from The National Foundation - March of Dimes.

Contact: The National Foundation - March of Dimes
P.O. Box 2000
White Plains, NY 10605

Senate Select Committee on Nutrition and Human Needs

*Hearing Before the Select Committee on Nutrition and Human Needs
Part 3—Oversight: The WIC Program*, December 6, 1973, 81 pgs.

To Save the Children, Nutrition Intervention through Supplemental Feeding, January, 1974, 158 pgs.

WIC Program Survey—1975 A Working Paper, April, 1975, 291 pgs.

*Hearing Before the Select Committee on Nutrition and Human Needs:
WIC and Commodity Supplemental Food Programs*, March 30, 1976,
112 pgs.

Commodity Supplemental Food Program Survey, April, 1976,
122 pgs.

*Medical Evaluation of the Special Supplemental Food Program For
Women, Infants and Children Summary + Conclusions*, August, 1976,
48 pgs.

Contact: The Senate Select Committee
on Nutrition and Human Needs
119 D Street, N.E., A511
Washington, D.C. 20510

Society for Nutrition Education

Printed materials, audio-visuals, reprints, and a journal are offered by this group. They also act as a clearinghouse for other nutrition education publications.

Contact: Society for Nutrition Education
2140 Shattuck Avenue, Suite 110
Berkeley, CA 94704

Southern Regional Council

Health Care in the South, A Statistical Profile, 1974, 108pgs., \$3.50.

Then Ten State Nutrition Survey: An Analysis, 1974, 32 pgs., 60 cents.

Contact: Southern Regional Council
Publications
52 Fairlie Street, N.W.
Atlanta, GA 30303

University of North Carolina, School of Public Health

Medical Evaluation of the Special Supplemental Food Program for Women, Infants and Children (WIC), Volume I: Study Design, Methods and Performance Data; Volume II: Results; Volume III: Summary and Conclusions.

Contact: Department of Nutrition
School of Public Health
University of North Carolina
Chapel Hill, NC 27514

The Urban Institute

Toward Efficiency and Effectiveness in the WIC Delivery System, April, 1976, \$4.50.

Contact: The Urban Institute
Publications Office
2100 M Street, N.W.
Washington, D.C. 20037

United States Department of Agriculture

Audio-Visual and Printed Materials for Use in the Nutrition Component of WIC, March, 1976.

Contact: Nutrition and Technical Services Staff
Food and Nutrition Service
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Washington, D.C. 20250



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APPENDIX E

Financial Statement First National WIC Symposium

INCOME:

Registration Fees and Meals	\$26,263.00	
Scholarships	3,164.55	
Donations	<u>275.00</u>	
Total		\$29,702.55

EXPENDITURES:

Printing:		
Preliminary Program	\$ 631.67	
Final Program	403.83	
Registration Packets and Materials	1,801.56	
Special Bulletin	<u>371.00</u>	
Total		3,208.06
Staff Travel Expenses	189.95	
Scholarships	3,164.55	
includes: travel, hotel and other expenses		
Workshop Rooms at Hotel	311.90	
Consultants/Specialists	2,358.24	
includes: photographer, Symposium Coordinator, graphics designer, typists		
Postage (first-class)	723.00	
Audio-Visuals	448.26	
1-23-77 Presymposium Buffet	660.13	
(175) attendees)		
1-24-77 Breakfast Seminar	668.25	
(300 attendees)		
1-24-77 Dinner	4,915.92	
(390 attendees)		
1-25-77 Reception	968.65	
(300 attendees)		
1-26-77 Breakfast	1,480.00	
(370 attendees)		
1-26-77 Luncheon	3,571.20	
(480 attendees)		
Miscellaneous Expenses	<u>216.95</u>	

TOTAL EXPENDITURES	<u>22,885.06</u>
BALANCE FOR ISSUANCE OF FINAL REPORT	<u>\$ 6,817.49</u>

Balance to be used for typing, editing, layout, printing and postage involved in producing a final report of The First National WIC Symposium.

APPENDIX F

National Advisory Council on Maternal, Infant and Fetal Nutrition

WIC Project Director Urban Area	Catherine Cowell, Ph.D., Director Bureau of Nutrition New York City Department of Health
State Public Health Nutrition Director	Ms. Barbara A. Hughes, Head Nutrition and Dietary Services Branch North Carolina Department of Human Resources
Person Involved at the Retail Sales Level of Food	Mr. Vincent Maguire Grocery Merchandising Manager The Grand Union Company— New York Division
Parent Recipients	Ms. Eunice Abbott Seaford, Delaware Mrs. Mary B. Allen Alexandria, Virginia
Pediatrician	Nathan J. Smith, M.D. Department of Pediatrics School of Medicine University of Washington
Obstetrician	William J. McGanity, M.D., Chairman Department of Obstetrics and Gynecology University of Texas Medical Branch
Officials from the Department of Health, Education and Welfare	Ms. Mary C. Egan, Deputy Director Division of Clinical Services Bureau of Community Health Services U.S. Department of Health, Education and Welfare Charles U. Lowe, M.D. Special Assistant for Child Health Affairs Office of the Assistant Secretary for Health
State WIC Fiscal Director	Marlyn Lundgren Chief of Finance and General Services Michigan Department of Public Health
State WIC Program Director	John H. Browe, M.D. Director, Bureau of Nutrition New York State Department of Health

State Health Officer	Robert G. Rice, M.D. Chief of Personal Health Services Bureau Michigan Department of Public Health
WIC Project Director Rural Area	Ms. Christina Lynn Gordon Program Manager of Nutrition Programs Southern West Virginia Regional Health Council, Inc.
Chairman	Richard L. Feltner, Assistant Secretary for Marketing and Consumer Services. USDA
Vice Chairman	P. Royal Shipp, Acting Administrator Food and Nutrition Service, USDA
Executive Secretary	Paula D. Lynch, Chief Program Development and Monitoring Branch Special Supplemental Food Division, FNS, USDA

APPENDIX G

Advisory Committee on Nutrition Evaluation

Association of State and Territorial Public Health Nutrition Directors	Dr. Rose Anne Langham, Chief Nutrition Section Louisiana Health Department
American Dietetic Association	Ms. Roseanne Howard, Nutritionist Children's Hospital Medical Center Boston
National Academy of Science	Howard Jacobson, M.D. Professor of Community Medicine Rutgers University
American Public Health Association	Elinor Downs, M.D. Associate Professor, School of Public Health Columbia University
American Academy of Pediatrics	Alvin Mauer, M.D., Director Children's Research St. Jude Children's Research Hospital
Chairman	Nathan Smith, M.D., Chairman Department of Pediatrics University of Washington
Other	Edward Wasserman, M.D., Chairman Department of Pediatrics New York Medical College, Melvin Jenkins, M.D., Chairman Department of Pediatrics Howard University Mr. Kenneth Guire Statistical Research Associate Center for Human Growth & Development University of Michigan
DHEW-Maternal & Child Health	Dr. Donna O'Hare, Director
DHEW-Public Health Service	Dr. Jean-Pierre Habicht National Center for Health Statistics

DHEW-Center for
Disease Control

Dr. Micheal Lane,
Director of Bureau of Small Pox
Eradication

USDA-Vice Chairman-
NTSS/FNS

Dr. Fred Shank

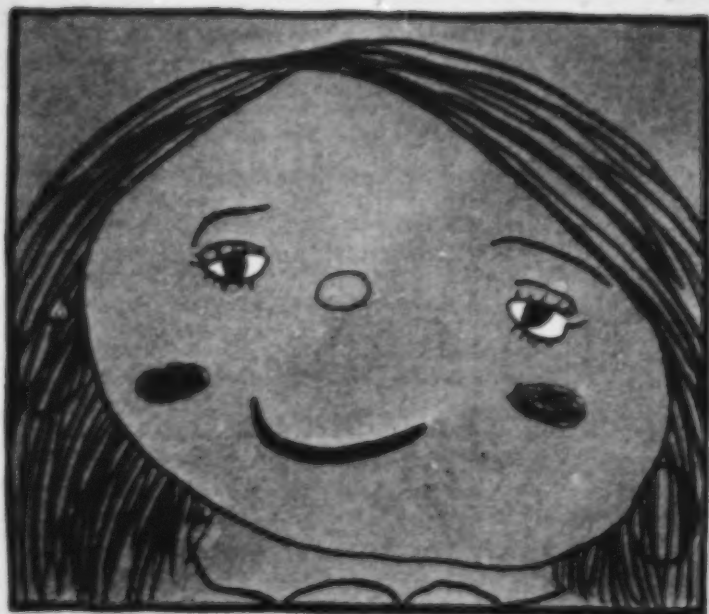
USDA-Executive
Secretary-WIC

Ms. Paula Linch

APPENDIX H

The Children's Foundation's WIC Resources

WIC Bulletin (including latest USDA information, regulations and application information) for Special Supplemental Program for Women-Infants-Children (WIC) (Also puts your name on our WIC special mailing list.)	\$10.00 <i>agencies one year</i> \$6.00 <i>community groups and individuals</i>
Women and Children First...or Last? Comprehensive report on the WIC Program and how it works. April, 1975 (90 pages)	\$2.00 <i>(bulk rates available)</i>
Working for Women and Children First—WIC Organizing Guide. Explains how to get a WIC program started and how to increase participation (73 pages) <i>Revised, March 1976.</i>	\$1.50
WIC Poster: 14" X 17" poster which includes drawing of a child's face and the caption: "WIC means health care and free food for women, infants, and children. WIC works for you if you are pregnant, nursing a baby, or under five years old and in need of extra nutritious foods." (Spanish version available.)	\$2.00
How Communities Can Get Extra Food for Mothers and Kids (WIC) (4 pages)	Free
1977 Revised Directory of Special Supplemental Food Programs for Women, Infants, and Children "WIC". January, 1977 (90 pages)	\$1.25
Workshop Information Pamphlet, (From the Symposium Registration Packet.) Includes listing of key issues and questions confronting supplemental nutrition programs. (26 pages)	Free.



- WIC means health care and free food for women, infants and children •
- WIC works for you if you are pregnant • nursing a baby • or under five years old and in need of extra nutritious foods •

contact



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Charlotte, North Carolina

The Children's Foundation was established in 1969 as a public, non-profit, national organization. We concentrate our efforts on achieving fully responsive food assistance programs at the national, state and local levels.

The Foundation is based in Washington, D. C. with regional offices in Atlanta, Georgia, Santa Fe and Albuquerque, New Mexico, and Washoe County, Nevada. Our monitoring includes review and analysis of existing government and private programs, technical assistance to community groups working to improve or implement programs, newsletters and fact sheets sent to a wide variety of individuals and organizations, and advocacy of both long and short range solutions to problems of hunger and malnutrition in America.

Our work is supported by grants from The Field Foundation, The New World Foundation, The New York Foundation, The Rockefeller Brothers Fund, The Helena Rubinstein Foundation, The Avon Products Foundation, The American Legion Child Welfare Foundation, The Herman Goldman Foundation, The National Foundation-March of Dimes, and the United Church of Christ. Support for regional projects has come from The Southern Education Foundation, and the Presbyterian Church in the U. S. and The Rockefeller Foundation.